

## Diversity, Equity, and Inclusion Committee Charter

Rutland Regional Medical Center  
Updated July 2022

**Vision:** To build a dynamic and inclusive organizational culture that encourages, celebrates, and values diversity.

**Mission:** At Rutland Regional Medical Center, Diversity, Equity, and Inclusion are at the core of our Mission, Vision and Values. We understand that we offer healthcare services to a diverse community of people that trust us to provide them with high-quality and patient-centered care. As community leaders and healthcare providers, we advocate for the health and wellness of our patients, their families, our community members, and each other. We use empathy to connect with and support one another. We understand that we have a duty to identify and eliminate health inequalities, especially for those who have historically faced inequitable access to healthcare. We strive to create a workforce that reflects our community. To optimize employee engagement, patient outcomes, and the health of our community, we are committed to creating a culture where all persons feel included and valued.

**Membership:** The Committee is chaired by the Vice President of Human Resources and Director of Marketing. The CEO is an ad hoc member that receives monthly updates from the chair and is the liaison between the Committee and the Board of Directors. The VP of Human Resources is the Executive Sponsor for the Committee. Members include: President of the Medical Staff, Manager of Social Work, a Nursing Representative, a Physician representative, up to 5 Frontline Staff Members, and up to 3 PFAC members.

**Responsibilities:** The Committee supports the organizational Diversity, Equity, and Inclusion program with the evaluation and implementation of best practices to support the strategic goals in every department throughout the organization. This includes but is not limited to employee engagement initiatives, educational offerings, and quarterly communication. The Committee recognizes leaders, staff and community members for their contributions to Diversity, Equity, and Inclusion.

**Scope of Authority:** The Committee is a multidisciplinary organization-level decision-making group that works closely with the CEO and Executive Sponsor in developing a work plan that is in alignment with the organizational Strategic plan. Leadership Council will approve all initiatives before they are placed on the formal work plan and will receive quarterly progress reports.

**Subcommittees:** There are two subcommittees: Structural Equity and Education & Engagement.

- **Structural Equity:** The purpose of this subcommittee is to evaluate and assist in developing organizational operations that reflect a culture of diversity and inclusion including, but not limited to delivery/equity of care, recruiting, hiring, and reimbursement, policy development and implementation, EMR structure/support, evaluation, and development of quality indicators.
- **Education & Engagement:** The purpose of this subcommittee is to support, recommend, and develop a D&I education annual plan. Development and feedback for educational materials is expected.

**Oversight:** The Committee Chair and Executive Sponsor will meet monthly with the CEO to provide informational updates on work plan and progress. The Committee Chair and Executive Sponsor will provide a quarterly presentation to Leadership Council and a bi-annual presentation to the Board of Directors.

### Diversity, Equity, and Inclusion Strategic Plan

Goal Area	Strategic Goal Statement	3-Year Strategic Goals	1-Year Tactical Goals
Organizational Brand Leader: Traci Moore	Develop internal and external DEI communication priorities and standards.	<ol style="list-style-type: none"> <li>1. Engage 3<sup>rd</sup> party outside resource to evaluate organizational brand.</li> </ol>	<ol style="list-style-type: none"> <li>1. External page on RRM.org.</li> <li>2. Communication strategies.</li> <li>3. Updates to photo library.</li> </ol>
Workforce Leader: Brian Kerns	Incorporate DEI into an organizational employment value proposition.	<ol style="list-style-type: none"> <li>1. Review and tailor talent marketing program to align with org DEI brand.</li> <li>2. Create attraction, retention, and employment programs to increase the diversity of the workforce.</li> <li>3. Promote culturally competent employment.</li> </ol>	<ol style="list-style-type: none"> <li>1. Continuing Education Needs Assessment.</li> <li>2. Conduct staff DEI training.</li> <li>3. Evaluate the workforce diversity demographics against the community demographics.</li> </ol>
Equity of Care Leaders: Phil Lapp, M.D., Carol Egan	Identify and eliminate health disparities and become a leader in the promotion of health equity.	<ol style="list-style-type: none"> <li>1. Optimize equity of care data collection capability.</li> <li>2. Use equity of care data to identify and address areas offering improvement opportunities.</li> <li>3. Promote culturally competent care.</li> </ol>	<ol style="list-style-type: none"> <li>1. Assess EMR capability and registration processes to capture patient demographic and identification information.</li> <li>2. Leverage Press Ganey resources.</li> </ol>
Leadership Development Leaders: Priscilla Latkin, Lesley Classen	Educate and train leaders to culturally transform the organization.	<ol style="list-style-type: none"> <li>1. Conduct a leadership demographic assessment.</li> <li>2. Develop plans to address areas offering improvement opportunities.</li> <li>3. Develop ongoing leadership DEI training and education program.</li> </ol>	<ol style="list-style-type: none"> <li>1. Plans for LDIs.</li> <li>2. Conduct leader DEI training.</li> <li>3. Evaluate the leadership diversity demographics against workforce diversity demographics, including volunteer workforce.</li> </ol>
Culture / Organizational Support Leaders: Brian Kerns, Lesley Classen	Create work and care policies and programs that promote DEI.	<ol style="list-style-type: none"> <li>1. Gather information to understand the experience of employees who feel underrepresented.</li> <li>2. Identify gaps in available resources and programs.</li> <li>3. Create plans to address areas offering improvement opportunities.</li> </ol>	<ol style="list-style-type: none"> <li>1. Consider a DEI Coordinator role.</li> <li>2. Explore the use of Affinity Groups.</li> <li>3. Identify partners in the community and create resources.</li> <li>4. Create a Values Statement.</li> </ol>

# VERMONT LEGAL AID, INC.

## OFFICE OF THE HEALTH CARE ADVOCATE

264 NORTH WINOOSKI AVE. - P.O. BOX 1367

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### **Office of the Health Care Advocate FY2022 Hospital Budget Guidance Questions**

#### **1. Hospital Financial Assistance and Bad Debt during COVID-19**

- a. Please provide the following updates since last year's hospital budget process:
- i. How have you changed your official or unofficial patient financial assistance policies and/or procedures?

RRMC changed the definition of household based on the Vermont Legislation H.287 effective 7/1/22. RRMC used to require all members in the same household be on the application. As of 7/1/22, we are using the updated definition consistent with the Vermont Health Connect and the financial methodologies for determining financial eligibility for advance premium tax credits under 26 C.F.R § 1.36B-2:

Treated as the Same Household:

- domestic partners
- any individual who is considered a dependent of either partner for federal income tax purposes
- married individuals who file federal income tax returns separately but could file jointly

- ii. How has your handling of patient collections changed?

From mid-June of 2020 to October of 2020, we did not assign encounters to collections. We resumed collections in October 2020 but have been more flexible with patients on payment plan arrangements outside of our typical 24-month guideline. RRMC also initiated an annual settlement campaign, which allowed for the following discounts:

- allowed a 50% discount on current AR balances that are outside of the 24-month payment plan guideline if balance is paid in full
- allowed patients to apply for Financial Assistance for a one-time discount to aged balances outside of the typical 8 month look back approval period
- 30% discount to balances already in collections if balance paid in full

- iii. Please estimate the most recent quarter when you reviewed whether your free care policy documents (full policy, plain language summary, application, etc.) align.

RRMC internal leadership reviewed in June of 2022. The policy was updated to include the revised definition for "household income" and presented to and approved by our Executive Finance Board Committee on 07/19/22.

RRMC also reviewed the Financial Assistance Policy with our Executive Finance Committee in March 2021.

b. Collecting on patient debt:

- i. If a patient is overcharged, please explain your ability to correct a bill once the collection process has begun.

If there was a billing error identified, RRMC would notify the collection agency to adjust the balance accordingly and ensure that changes are reported to credit bureau by collection agency.

- ii. Do you inform patients when patient balances owed are written off as bad debt?

Patients get a Final Notice from RRMC with steps that will be taken if payment is not made. Once balance is assigned to collections, our collection agency notifies the patient as well.

- iii. How many patients had bills that you sent to a third party to collect the debt during the following timespans: (1) Q4 FY2020 and Q1-Q3 FY2021 and (2) Q4 FY2021 and Q1-Q3 FY2022?

(1)

Q4 FY2020- 630

Q1 FY2021- 9,816

Q2 FY2021- 5,083

Q3 FY2021-4,441

(2)

Q4 FY2021-5,348

Q1 FY2022-4,406

Q2 FY2022-3,970

Q3 FY2022-4,157

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iv. What is the total dollar amount of bills sent to collections during the following timespans: (1) Q4 FY2020 and Q1-Q3 FY2021 and (2) Q4 FY2021 and Q1-Q3 FY2022?

(1)

Q4 FY2020- \$582,573

Q1 FY2021- \$5,716,122

Q2 FY2021- \$3,009,070

Q3 FY2021- \$2,512,951

(2)

Q4 FY2021- \$3,106,011

Q1 FY2022-\$2,403,779

Q2 FY2022- \$2,263,184

Q3 FY2022-\$2,590,153

c. Please provide the FY2021 actual and FY2022 projected bad debt by whether the patient who accrued the debt was insured or uninsured. Please split the insured category by whether the patient's primary insurance is Medicaid, Medicare, or a commercial plan.

	FY 2021	FY 22 Oct-June
Self Pay	\$ 3,975,907	\$ 2,659,560
Medicare	\$ 2,750,311	\$ 524,241
Medicaid	\$ 51,160	\$ 36,484
Commercial	\$ 11,518,913	\$ 6,932,648

## 2. Medicaid Screening Processes

### a. Emergency Medicaid

- i. If your organization has written policies regarding screening for emergency Medicaid under HBEE Rule 1702(d),<sup>1</sup> please provide them.

RRMC does not have a policy regarding screening for Emergency Medicaid. RRMC's Financial Counseling Department has Certified Application Counselors that assist community members with enrollment for VT Medicaid as well as VT Health Connect Plans. RRMC visits all in-house uninsured and underinsured patients to screen for Medicaid eligibility. The Financial Counselors also work with patients that are in the outpatient setting, to include the emergency room by request, to screen patients for Medicaid Eligibility. We specialize in traditional Medicaid, there is a new program with Medicaid for IHIP, Immigrant Health Insurance Plan with Medicaid. We are reviewing the information; the new plan was effective 7/1/22.

- ii. For Q1-Q3 of FY 2022, please provide the number of facility patients screened for emergency Medicaid and the number of facility patients who received emergency Medicaid. [N/A](#)
- iii. For Q1-Q3 of FY 2022, please provide the number of labor and delivery patients screened for emergency Medicaid and the number of labor and delivery patients who were covered by emergency Medicaid. [N/A](#)
- iv. If your organization has outreach materials on the application process and eligibility criteria for Emergency Medicaid, please provide them. Please explain how your patients can access these materials and list the languages into which the materials have been translated. [N/A](#)

### b. Deemed Newborns<sup>2</sup>

- i. If your organization has written policies regarding screening newborns for Medicaid in line with HBEE rule 9.03(b), please provide them.

- ii. For Q1-Q3 of FY 2022, please provide the number of newborns screened for Medicaid without an application and the number of those newborns who received Medicaid. [NA – every newborn goes through application process](#)

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<sup>1</sup> [“Health Benefits Eligibility and Enrollment Rules.”](#) *State of Vermont.* 2021.

<sup>2</sup> Deemed newborns are children who were born to a Medicaid recipient. In accordance with 42 C.F.R. § 435.117 and HBEE 9.03 (b) (2) (i), these individuals are automatically enrolled in Medicaid without an additional application.

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- c. Since the passage of “H. 430/Act No. 48 An act relating to eligibility for Dr. Dynasaur-like coverage for all income-eligible children and pregnant individuals regardless of immigration status,”<sup>34</sup> what steps have you taken to prepare for the implementation? Do you have outreach materials, and if so, what languages are they translated into? If you have such materials, please provide them.

We do not have materials for this, the Financial Counselors follow the Medicaid process per the certified Assister guidelines.

### 3. Health Equity

- a. Please provide examples of any policies, procedures, and initiatives that your hospital has undertaken, or plans to undertake, to address systemic racism within your institution and community.

The following policies exist to promote anti-discrimination at RRMC:

- Non-Discrimination Policy
- Anti-Harassment Policy
- Code of Conduct
- Color Blindness/Discrimination
- EMTALA
- Equal Employment Opportunity (EEO) Policy
- Family Medical Leave Policy
- Financial Assistance Program Policy
- Organ and Tissue Donation
- Patient Complaints and Grievances
- Patient Rights
- Visiting Policy in the Intensive Care Unit
- Visitor Policy

RRMC is hosting the Hate-Free Vermont Community Forum in July.

RRMC is partnering with the organization ‘Social Tinkering’ to provide safe space affinity groups for our employees and community members to discuss ways to achieve anti-discrimination and inclusion.

RRMC leaders will receive Justice, Equity, Diversity, and Inclusion training this fall which will then be delivered to staff in FY’23.

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<sup>34</sup>[Act No. 48 – As Enacted](#).” 2021.

- b. If you have a funded DEI / Racial Equity position or DEI committee at the hospital, what are their primary roles and responsibilities? How is this position empowered and supported within the hospital? If you do not have this type of position, are you planning to create one? What obstacles are preventing you from creating this type of position?
- Please see attached RPMC DEI Steering Committee Charter and Strategic Plan.
  - The VP of Human Resources is RPMC's DEI executive sponsor; they and the Director of Marketing co-lead the steering committee.
  - RPMC has plans to seek grants to fund a 0.5 FTE DEI Coordinator position.
  - The organization and its Board of Directors are extremely supportive of RPMC's DEI program.
  - Competing priorities and not having a dedicated employee resource to focus solely on DEI initiatives is the main obstacle to progress.
- c. Please describe the process for how your hospital handles patient complaints related to discrimination.
- Patient complaints and event reports regarding discrimination are forwarded to RPMC's Patient Experience Specialists and the Administrator On Call would be informed of the complaint as well.
  - The Administrator On Call, Patient Experience Specialists, and leadership of the patient's care area would determine if there are immediate steps that may need to be taken to address the complaint.
  - The Patient Experience Specialists and their leadership would ensure that the appropriate RPMC parties are involved to investigate and address the patient's concerns (e.g., Compliance, Legal Counsel, Human Resources, Administration).
  - The Patient Experience Specialists and their leadership would provide a response to the patient and RPMC Compliance and Human Resources would ensure that any staff training or corrective action issues are addressed.
- d. How much funding in your current and future budgets has been allocated to DEI and/or racial equity focused projects, trainings, or collaborations?
- \$20K annually within the HR operating budget.
- e. What percentage of staff and administrative leadership have received training in language access needs, implicit bias, and cultural competency? Does this vary significantly by job category?
- All patient-facing (e.g., clinical, registration, and security) have been trained on RPMC's language access resources.
  - 90% of leaders and 70% of staff have been trained on implicit bias and cultural competence in 2020 and leaders will receive Justice, Equity, Diversity, and Inclusion training this fall which will then be delivered to staff in FY'23.
  - Annually all leaders and staff must complete a brief on-line mandatory education segment on Diversity, Equity, and Inclusion.

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- f. Are patient satisfaction surveys given in languages other than English? In what languages is the survey available? Is race/ethnicity data collected as a part of these surveys?
- Yes, these surveys are available in 51 languages in addition to English (please see attached list). Questions regarding race/ethnicity are included in the survey.
- g. Please discuss any analyses or tracking your hospital conducts or is considering conducting regarding access to care, care efficacy, or satisfaction among vulnerable populations including, *but not limited to*,
- i. patients whose primary language is not English,
  - ii. BIPOC patients,
  - iii. patients with no or intermittent broadband and/or cellular telephone service, and
  - iv. patients who are not U.S. citizens.
- RRMC has been working to integrate variables that allow us to track information related to patient Race, Ethnicity, and Language into all reporting that we develop to allow for analysis of health equity across vulnerable populations. Specifically, this year this data has been integrated into organization wide dashboards for clinic management, as well as pain assessment, that are currently in development.
  - Future planned work includes enhanced data collection to assess whether members of marginalized communities receive differences in clinical care. This includes CMS' proposed rulemaking for 2023 that includes reporting on 5 measures of social determinants of health: food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. In addition, we will be assessing our patient satisfaction surveys to ensure they adequately capture experiences of marginalized communities.
- h. Discuss how you utilize health disparities data to inform hospital policies and procedures.
- RRMC has an on-going policy review process to ensure that policies are relevant and achieving their stated purpose. As part of this review process, a policy's business owner has access to performance data to inform revisions that may need to be made to a policy. This would include data around equity of care and social determinants of health.

#### **4. Contingency Planning**

Please provide a high-level contingency plan detailing how your hospital would amend its business strategy if the Board reduced or denied your charge request.

- If Rutland Regional is not able to achieve increases in payment rates to cover the extraordinary inflationary costs we are bearing, we will be forced to curtail services.

## Survey Language Codes

Include one of the following codes in the Language field of each patient record to tell us what language to print on the survey.

Language	Code
Albanian	57
Arabic	22
Armenian	31
Bengali	60
Bosnian	50
Bosnian-Croatian	49
Bosnian-Muslim	48
Bosnian-Serbian	32
Cambodian	34
Chao-Chou	41
Chinese-Simplified	12
Chinese-Traditional	10
Chuukese	23
Creole	21
Croatian	52
English	0
English/Spanish	33
Farsi	59

Language	Code
French-Canadian	35
French-France	20
German	4
Greek	7
Haitian-Creole	36
Hebrew	37
Hindi	38
Hmong	26
Ilocano	56
Indonesian	42
Italian	5
Japanese	28
Korean	29
Laotian	43
Malayan	44
Malayalam	58
Marshallese	24
Polish	6

Language	Code
Portuguese-Brazilian	8
Portuguese-Continental	47
Punjabi	54
Romanian	55
Russian	3
Samoan	25
Serbian	51
Somali	27
Spanish	1
Swahili	45
Tagalog	30
Thai	46
Turkish	53
Urdu	39
Vietnamese	13
Yiddish	40