UW Medicine

BIAS REPORTING TOOL

First Annual Report

February 2021 – February 2022

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BIAS REPORTING TOOL
COMMUNITY REPORT

INTRODUCTION

UW Medicine is an organization that values diversity, equity, and justice with the goal of fostering inclusion and collaboration. We are a large community across multiple hospitals, clinics, educational spaces, and research labs. In each of these spaces, there are times when we fail to meet the goal of creating an inclusive environment where everyone can thrive. We are committed to responding to these events and continuing to improve our climate. Across these spaces, we expect support and respect for each other. We realize there are times when individuals in our system engage in microaggressions and demonstrate negative biases. We recognize individuals sometimes act out of racist, sexist, xenophobic, homophobic, transphobic, or other discriminating beliefs. These behaviors negatively impact the learning, teaching, working, and healing experiences of others.

To help address this, the UW Medicine Bias Reporting Tool (BRT) was launched in February 2021. This tool was created as a way for our community to report experiences of bias. The tool can be found here and the initial report on the first 3 months of the program can be found here. This tool allows for tracking bias patterns in our communities and the reporting of bias in implementing our policies or processes. The BRT also allows us to support those impacted by bias and helps us to make recommendations and determine resources needed for follow up. Our purpose for sharing BRT data and narrative examples is to raise awareness, describe patterns, increase transparency, and to allow our full community to better understand how people are experiencing their workplace. This report reflects what was reported over the first year (February 2021-2022) of the UW Medicine BRT.

We recognize that these reports are a small glimpse into the bias that takes place across our community. We also recognize that incidents of bias disproportionately impact Black, Indigenous, and people of color (BIPOC), LGBTQIA+ and other marginalized members of our community and that many events go unreported.

WHAT IS A BIAS INCIDENT?

A *bias incident* is intended to capture forms of discrimination, microaggression, or harassment against a member within our UW Medicine community based on perception of race, color, creed, religion, national origin, citizenship, sex, pregnancy, age, marital status, sexual orientation, gender identity or expression, genetic information, size, socioeconomic class, disability, veteran status, or other aspects of one's identity. Our goal is to broaden our definition of reportable events so that we may hear more fully about what is happening in our community as we work towards UW Medicine's goal of building a more inclusive environment.

Across the University of Washington and UW Medicine, there are several ways to report concerns about bias. Sometimes there is overlap in reports through other pathways and those that come in through the BRT. For example, the Patient Safety Network (PSN) is a place to report all types of safety concerns, including those in which bias impacts the healthcare we deliver to our patients and families. It is important to note that the Bias Incident Response Team is not an investigational QI protected workgroup. This means they do not investigate reports, or the people mentioned in reports. In cases involving patient care policies, a PSN is filed to begin the

usual quality improvement processes. The Bias Incident Response Team (BIRT) partners with other groups and offices as appropriate including Patient-Relations and Risk Management for these types of patient care concerns.

REPORT SUMMARY

387 reports were received from February 2021 to February 2022 with an average of 8 reports per week. An individual may submit a report for a bias incident that they personally experienced or witnessed. They may also submit a report on behalf of someone else. While we encourage reporters to provide their name and as much detail as possible about the incident, reports may be submitted anonymously. About 1 out of 4 reports have been submitted anonymously. (N=105, 27%).

Who is reporting?

Our community consists of faculty, staff, students, and trainees as well as the visitors, patients, and caregivers who come to UW Medicine. Members of each of these groups were reported being impacted by bias-related behaviors (Table 1). The group most frequently reported as being *impacted* by bias was staff (N = 188, 49%). Staff includes members of healthcare teams at UW Medicine hospitals such as nurses, therapists, medical assistants, patient services specialists, and administrative personnel, as well as other employees in the School of Medicine and UW Medicine Shared Services. Staff were also the highest group to be reported as *engaging* in biased behavior (N=238, 61%). As the category of "staff" includes many roles, future efforts will focus on determining bias incidents by specific staff groups.

Some groups may be under-represented (for example, medical students and residents) because they are using tools specific to their program such as the Learning Environment Feedback tool or the GME Report a Concern tool to address bias concerns. We also recognize that distrust in reporting processes may contribute to under-reporting across all tools. In some cases, the person who engaged in or was impacted by a bias incident was from an unknown group. Usually, this was because their group information was not provided. If the individual's group was unknown, the case was not included in the summary data in Table 1.

Table 1: Groups reported in bias incidents, N=381

	Group Reported Impacted by Bias Incident	**Group Reported to have Engaged in Bias Incident**
Faculty	24	50
Patient/Family	115	40
Staff	188	238
Student	9	3
Trainee	28	13
Multiple Groups	17	37

What are the identities impacted by bias events?

An update to the tool was made in October of 2021 to help us better understand the targeted identity of those impacted by biased behavior (Table 2). The tool now asks the reporter to share the identity they feel was targeted.

Bias based on race and ethnicity was most common.

Table 2: The Identity targeted by bias behavior (as described by the reporter), N=121

Race	52
Ethnicity	41
Language	21
Gender	17
Job class/discipline (e.g., physician, nurse, medical assistant)	17
Socioeconomic status/class	17
Ability/Disability	11
Age	9
Religion	8
Caregiver status	6
Gender identity	6
Sexuality	5
Size	4
Other *	16

*Veteran status, housing status, history of substance use

What types of bias were included in the reports?

Themes of bias incidents were captured to better understand the types of incidents reported in the community. The reporter identified the type of bias and was able to choose more than one option. Microaggressions and discrimination were the most common concerns.

Table 3: Themes of incidents as described by reporters, N=362

Theme as described by reporter	N
Microaggression	158
Discrimination	147
Harassment	28
Intimidation	17
Verbal Assault	34
Graffiti	3
Retaliation	15
Other*	56

*Bullying, interpersonal conflict, unprofessional conduct, and policies

In some cases, the themes and identities involved were not included in the report. In other cases, multiple themes were identified. When reported concerns involving workplace conflict, hiring, or professionalism did not appear to involve bias, no data about themes was included. In these cases, we spoke with the reporter (when possible) to confirm that bias was not present.

Other reports included the ways in which our environment is not welcoming and made suggestions for creating a more inclusive community. Examples of suggestions include acknowledgement and decorations for celebrating the multiple Winter holidays in addition to Christmas (for example, Hannukah, Kwanzaa), changing UW Medicine

policies that unintentionally impact marginalized people, and improving information accessibility for patients (for example, hospital menus in different languages).

There were 82 reports where the team was unable to follow up (for example, due to the reporter not responding or providing an email address).

Where did bias incidents take place?

Reported events took place in varied settings across UW Medicine including hospitals, clinics, laboratories, and classrooms (Table 4). Incidents were reported across UW Medicine entities including University of Washington Medical Center, Montlake Campus (N=145) Northwest Campus (N=24); Harborview Medical Center (N=112); UW Primary Care (N=13); the School of Medicine (N=34) and other UW Medicine locations (N= 36). Inpatient hospitals include inpatient units, operating rooms, emergency departments, and pharmacies.

Table 4: Location of report when available

Location	N=372
Inpatient hospital	191
Clinic	67
Zoom or phone call	34
Electronic Written Communication	27
Lab/Research Setting	7
Office or Conference room	10
Other*	36

*websites/information technology, common areas such as bathrooms, classrooms, outside hospital locations, front entrances/lobbies, parking areas, and cafeterias

How were bias reports triaged?

Members of the BIRT meet weekly to review reports, discuss any immediate responses or questions and help ensure there was outreach and support for the reporters. Any lessons or concerns learned from the reports were summarized and brought to the appropriate UW Medicine leadership group, human resources group, or working committee when needed. The goal was to ensure information was passed on to the correct teams to strategize for actionable and meaningful change, to use reports in real time, and to develop a strategy for improving our environment and the clinical access and care provided. In several cases, members of the Bias Incident Response Team or the Office of Healthcare Equity (OHCE) responded directly to reports resulting in referrals, consultations, or training for those involved.

BIAS INCIDENT RESPONSE TEAM

The BIRT committee is co-chaired by Drs. Paula Houston and Trish Kritek and includes leaders across UW Medicine. These leaders represent faculty, nursing, human resources, graduate medical education, and undergraduate medical education teams.

Elaine Acacio
UW Medical Center Director of Equity, Diversity, and Inclusion

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Chief Nursing Officer
UW Neighborhood Clinics

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Bias Reporting Tool Coordinator

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Barb Van Ess
Director of Personnel Policy, UW School of Medicine

Maria Zontine
Director of Human Resources, UW School of Medicine

Initial Community Report

Follow up from the first 146 reports

The learnings from the Bias Incident Reports are shared with hospital and department leaders and are reported directly to the Learning Environment Steering Committee – a group of UW Medicine leaders brought together to create a more supportive and inclusive learning and working environment. The Initial Community Report focused on the first 146 reports received (02/17/2021 - 05/16/2021) and identified four themes that were common across several reports. The initial work in these areas over the last eight months is described below.

Pain management: Employees raised concerns about bias in approaches to pain management. These concerns most often highlighted inadequate pain management for Black patients. Additionally, we received bias concerns regarding pain management of patients with a history of opioid use disorder. In response to these concerns, a UW Medicine task force was created to target bias in pain management. All pain related bias reports will be reviewed by this committee. This work is led by Dr. Bessie Young (Medical Director for Healthcare Equity and Vice Dean for Equity, Diversity, and inclusion) and includes the Medical Directors across all of UW Medicine and the Opioid Stewardship Committee.

Microaggressions: Several reports centered on observing microaggressions. Both reporters and leaders from UW Medicine reached out for help in developing skills for responding as a bystander in these moments. In early June, the OHCE had a first “train the trainer” session with Caprice Hollins of Cultures Connecting. Dr. Hollins’ session focused on how and when to interrupt microaggression. Plans are in place to develop internal “train the trainer" sessions that will be available to the broader UW Medicine community. The goal is to establish local experts who can lead bystander training in their departments and units. The hope is that this distributed model will allow education to be shared across our community and that skill-building requests can be met in a timely fashion. The OHCE expects to complete program development and training by early 2023. Information on how to access and request this training will be available on the OHCE website.

Bias experienced by the healthcare team from patients: In each of our clinical sites, we heard about times when patients made racist, sexist, or homophobic remarks during their interactions with our healthcare teams. Due to these reports, The Patient Rights document has since been broadened to include a statement of Patient Rights and Responsibilities. Additional work includes UWMC's Bias Against Care Team Policy and the Care of the Disruptive Patient and/or Visitor Policy which were created to provide support and guidance for the healthcare teams when challenges arise. An essential next step will be to continue skill building around having difficult conversations with patients while still caring for them compassionately. It is also important to provide support for the members of our care teams impacted by these events. The UW Medicine Peer Support Program may be an appropriate additional resource for your team members impacted by these events.

Building a more inclusive community through cultural observances and food and nutrition: The OHCE Cultural Observations Implementation Subcommittee has built a calendar which includes a more extensive and inclusive holiday calendar to be shared in 2023 on the OHCE website. A team is also working on best practice recommendations for leaders and managers for more inclusive holiday decorations. Regarding food and nutrition, partnerships between the Cultural Observances committee, Spiritual Care and Wellbeing, and Food and Nutritional Services have resulted in honoring meal selections during heritage months. Information and alternative food options will also be provided during periods of religious observations.

Areas of Focus

In addition to the themes shared in the first report, the Bias incident Response Team has identified four additional areas for focus and action. For each, report details were removed or changed for de-identification. We believe it is important to share these stories to help us all appreciate the events that occur across our community.

1. TARGETED WORK ON BIAS

Many reports were submitted about bias incidents in different departments and work environments that team members either experienced personally and/or witnessed. These concerns included bias both directed to the care team and bias directed to patients.

Care Team

> *"The fellow and I (a chief resident) were walking a patient to the operating room. A nurse turned to our tall, white, male intern and told him he needed to stay with the patient because there needed to be a doctor with the patient. The two of us had been with the patient for the past hour running a code at the head of the bed, with our name tags in full view with that same nurse but had not been recognized as doctors. I reminded the nurse the two of us were doctors and did not need our intern to stay with us. This is just one of many examples that evening of not being recognized as the senior resident and people repeatedly looking to my intern to confirm what I was saying was correct. After time, it wears on you."*

Bias and microaggressions (as described in the incident above) can lead to communication errors that impact patient care and contribute to burnout. There are areas across UW Medicine that have had a pattern of reports of bias in interactions between members of the healthcare team. Through both formal and informal calls to action, targeted work has begun at both UWMC and HMC to address this. Unit leaders and managers have partnered with the OHCE to provide training, create comprehensive action plans, bring in outside consultants, and coordinate group education events. In addition, the OHCE developed a series of foundational equity, diversity, and inclusion (EDI) centered educational sessions. These sessions are being brought to interdisciplinary teams across UW Medicine. .

Patient Care

> *"This is regarding a patient who identified as a Black young adult who was being discharged, but family was unable or unwilling to pick them up. [Employee] was requested to make a report for an "abandoned child." [Employee] was advised to call the police to see if they could transport the patient home. Transporting a Black young adult home via police (sitting in the back seat like how criminals are transported) has lasting negative effects and can be triggering for BIPOC youth and young adults and should be avoided at all costs. The visuals of being released from the back of police vehicle are harmful to the patient, their family, and community."*

Some of the major report themes in biased patient care include assumptions and stereotypes based on observed behaviors, as well as not prioritizing patient and family centered care. Additionally, reporters identified there is a need for understanding and practice of trauma-informed care. As we see in the incident above, it is critical to address the direct harm our patients and their families can experience. Several local departments and areas have engaged in specific training targeting patient care needs. Some have added intentional analysis around equity, diversity, and inclusion to evaluate biases and their impact on clinical care. In addition, the patient safety EDI team at UWMC has piloted a prompt in the Patient Safety Network (PSN) for reporters to indicate if they think bias may have impacted patient safety. This prompt is now available for all inpatient areas at UWMC. In one department, a community engagement program that will inform equity-centered process improvements began in June 2022.

The OHCE has expanded their team to meet the demands for EDI training across the system. Foundational EDI training for all UW Medicine employees was made a requirement by leadership in the spring of 2020. This training is now also required by the Washington State legislature. OHCE continues to provide training both in person and virtually and is working with our learning management system and instructional design teams to create online interactive versions of the training.

Several reporters mentioned the need to focus on patient-centered, trauma-informed training that provides strategies to reduce bias. The BRT will help to continue to identify areas of need for future targeted work on bias that is needed in a unique area and/or for the whole community. The measure of success of these programs will be meaningful change to the clinical and learning environment. For additional information on training or ideas for training that your team may implement, please visit the EDI Foundational Training page.

2. RECOGNITION OF A NEED FOR CONTINUING EDUCATION

"A colleague used the word "gypped" in a sentence. It is a small thing, but many Americans do not realize that the term 'gypsy' and subsequently 'gypped' are both racial slurs. No one else in the room who heard the comment seemed to know it was a racial slur. The person who said it didn't realize either. It was entirely unintentional."

It is common for people to repeat language or phrases without recognizing the derogatory origin of these words and the harm they may cause. The intent may have been to make a joke or even to connect with others on a shared experience. However, the language used in this example caused harm and continued marginalization and oppression of another group.

Many bias incident reporters have expressed interest in building skills to disrupt microaggressions and remedy biased actions that they themselves have committed. To address this need, as mentioned above, OHCE has begun offering bystander training. In addition, the Graduate Medical Education Office also has a bystander training module which can be found here. OHCE has also partnered with external consultants and UWM leaders to bring restorative justice practices into our environment. These practices seek to build community and provide alternative methods for resolving conflict. We have heard from local leaders that additional resources are needed to educate their team members on the impact of words or actions.

3. HARM RELATED TO GENDER IDENTITY

"This is regarding a patient who is a transman (assigned female at birth), uses 'he/him' pronouns and identifies as male (which is clearly displayed in EPIC). The patient and spouse reported that staff frequently mis-gendered him (used female pronouns) and used his deadname."

"As an employee, I have experienced unwelcome questions from colleagues about my anatomy and been misgendered and misnamed with my dead name by colleagues in rounds.... these experiences have created a very uncomfortable work environment for me."

There have been many incidents reported throughout our institution related to gender identity. These reports involve employees and learners as well as patients in our system. Some reports noted patients receiving unwelcome comments regarding appearance or questions regarding anatomy. Reports also noted areas built to perpetuate gender identity bias. These reports included lack of all-gender bathrooms, forms for patients allowing only "Male or Female," and lack of preferred names being included in classroom materials, in EPIC, and on name badges for both patients and staff.

There are many barriers gender diverse people face when seeking healthcare. UW Medicine is working to improve these by expanding gender affirming care services. The Transgender and Gender Non-Binary (TGNB) Health Program was launched in 2018. This program has made efforts to shift policies and develop system wide training and resources for gender and sexual diversity. Additionally, the program provides resources for clinical needs related to gender affirming care. Recently, there have been efforts to expand the TGNB Health Program to offer every available medical and surgical service for patients.

The response to PSN reports, BRT reports, and patient complaints related to gender identity has led to significant focus on incorporating gender and sexual diversity education. In addition, policies and guidance to support transgender and non-binary employees are being developed. During the past year, important work has been done to make pronoun badge buddies available to all employees. Displaying inclusive bathroom signs has been recognized as an area for growth within the UW Medicine community. Beginning fall 2022, there will be dedicated efforts to consistently collect and use SOGI (Sexual Orientation and Gender Identity), names, and pronouns when speaking with patients and in-patient identifiers (including hospital ID bracelets, or whiteboards, hard copy forms, etc.)

These biases and barriers may exist in our forms, names listed in formal records, and in the language used in our laboratories, offices, and hospitals. Gender diverse individuals regularly experience bias, and we are working to repair our processes and systems through inclusive changes and the expansion of gender affirming care services.

4. INSTITUTIONAL POLICIES AND PRACTICE THAT INTRODUCE BIAS

"A patient was recently denied surgery based on his inability to have a caregiver 24 hours a day. He is housed, does not use drugs or alcohol, does not smoke, and does not suffer from severe mental illness. I am worried he is being denied care based on his social economic status."

Processes and procedures are put in place with a goal to improve safety and efficiency for the healthcare system. While this is important, we also must recognize that these systems may also create barriers for those most likely to experience other inequities within our healthcare system. To address this, the UW Medicine Equity Impact Review Tool was created in 2020 to help teams evaluate policies, processes, and procedures for their impact (intentional or unintentional) on marginalized patients or members of our workforce. We recommend using the tool when evaluating policies, processes, and procedures to ensure they work as intended without the impact of creating new or worsening barriers. The UW Medicine Equity Impact Tool can be found by clicking here.

BIAS REPORTING TOOL

There is a need for ongoing support to address these events in our community. We recognize the BRT is an additional "doorway" for reporting these types of events. If there are entities, locations, departments, or groups with minimal or no bias reports, this may be due to under-reporting or the use of alternative methods for reporting bias events. We appreciate the partnership and support of our community members who have reported and helped us respond to reports. Our tool and our processes will continue to evolve as we learn and adapt to the needs of the community. We recognize that not all members of the community are aware of the tool or feel empowered to use it. We welcome feedback on your experience using the tool using this survey here. If you have not reported but would like to share your thoughts, please tell us your feedback here.

Contact Information: biasresponseteam@uw.edu

Bias Reporting Tool: Click Here