

BIAS REPORTING TOOL

Initial Community Report

February – May 2021

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BIAS REPORTING TOOL

INITIAL COMMUNITY REPORT

INTRODUCTION

UW Medicine is an organization that strives to embrace diversity and advance equity while fostering inclusion and collegiality. We are a large community across multiple hospitals, a series of community clinics, research labs in many different locations and varied learning spaces for medical students, graduate students, allied health trainees, residents and fellows. We expect support and respect for each other. We also realize there are times when individuals at all levels in our system engage in microaggressions, demonstrate negative biases, and express racist, sexist, xenophobic, homophobic, transphobic or other discriminating beliefs and behaviors. These behaviors adversely impact the learning, teaching, working or healing experiences of others. To help address this, we have created the UW Medicine Bias Reporting Tool. This tool was created to formally report such incidents, and this is the first report back to our community. The tool can be found [here](#).

The Bias Reporting Tool was developed in 2020 and launched in February 2021 as a new way for our community to report incidents of bias. It allows tracking of themes and patterns of bias in our communities and helps us to make recommendations and determine resources needed for follow up. We also strive to support the individuals who report incidents of bias. The purpose of sharing statistics of these events and some narrative examples is to raise awareness, describe patterns, and increase transparency. We also hope to identify tools, investments, and interventions needed to improve our climate.

BIAS INCIDENT RESPONSE TEAM

The Bias Incident Response Team (BIRT) was formed in 2020 to support implementation and reporting for the tool. Drs. Paula Houston and Trish Kritek co-chair the committee which is made up of leaders across UW Medicine including representation from the faculty, nursing, human resources, graduate medical education, and the medical school.



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UW Medical Center Director
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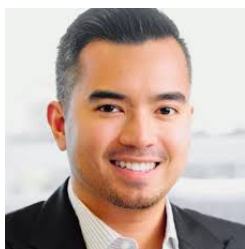
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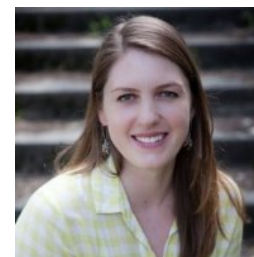
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WHAT IS A "BIAS INCIDENT"?

A “bias incident” is intended to capture any form 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, disability or veteran status. Our goal is to be broad in our definition of reportable events as we must hear about what is happening in our community in order to deliver on a goal of building a more inclusive environment.

REPORT SUMMARY

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.

In the first three months after the tool was launched, 146 reports were received, of which 27% (N=40) were anonymous. There were 136 unique events since there were some duplicative reports made for the same incident. On average, one to two reports were submitted each day. Incidents were reported across UW Medicine and included: University of Washington Medical Center, Montlake Campus (N=34) Northwest Campus (N=11); Harborview Medical Center (N=46); the School of Medicine (N=23) and other UW Medicine locations (N= 11). Other reports included bias in email communications, UW Medicine policies, and in locations outside of UW Medicine.

Our community within UW Medicine consists of our faculty, staff, students, and trainees as well as the visitors, patients, and caregivers who come to UW Medicine. Members of all these groups were reported being impacted by bias-related behaviors and most categories were also reported to have been engaged in bias-related behaviors highlighting the need for a system wide approach to addressing bias incidents (Table 1). The group most frequently reported as being *impacted* by bias was staff (N = 81, 60%). This is a large, diverse group of individuals within our organization. Staff were also the highest group to have been reported as *engaging* in biased behavior (N=82, 60%). We suspect that some groups (e.g., medical students) are under-represented. This may be because they report through an alternate tool(s). We were not able to identify the group who engaged in or was impacted by a particular behavior in all reports and in some cases, it was not applicable. Those cases were excluded from the summary data in Table 1.

Table 1: GROUPS REPORTED IN BIAS INCIDENTS, N=136

	Group Reported Impacted by Bias Incidents	Group Reported to have Engaged in Bias Incident
Faculty	11	23
Patient or Caregiver	19	15
Staff	81	82
Student	3	2
Trainee	13	5
Visitor	1	0
Multiple Groups	9	8

Reported events took place in varied settings across UW Medicine: in hospitals and clinics, in basic science and clinical departments (Figure 1). Given the transition to remote meetings and educational spaces with the onset of the COVID-19 pandemic, we found many reporters highlighted events (N=26, 19%) that happened in electronic communication forums (e.g., Zoom). “Other” includes websites, classrooms, employee parking, common work areas, social events, phone conversations, bathrooms, and administrative offices.

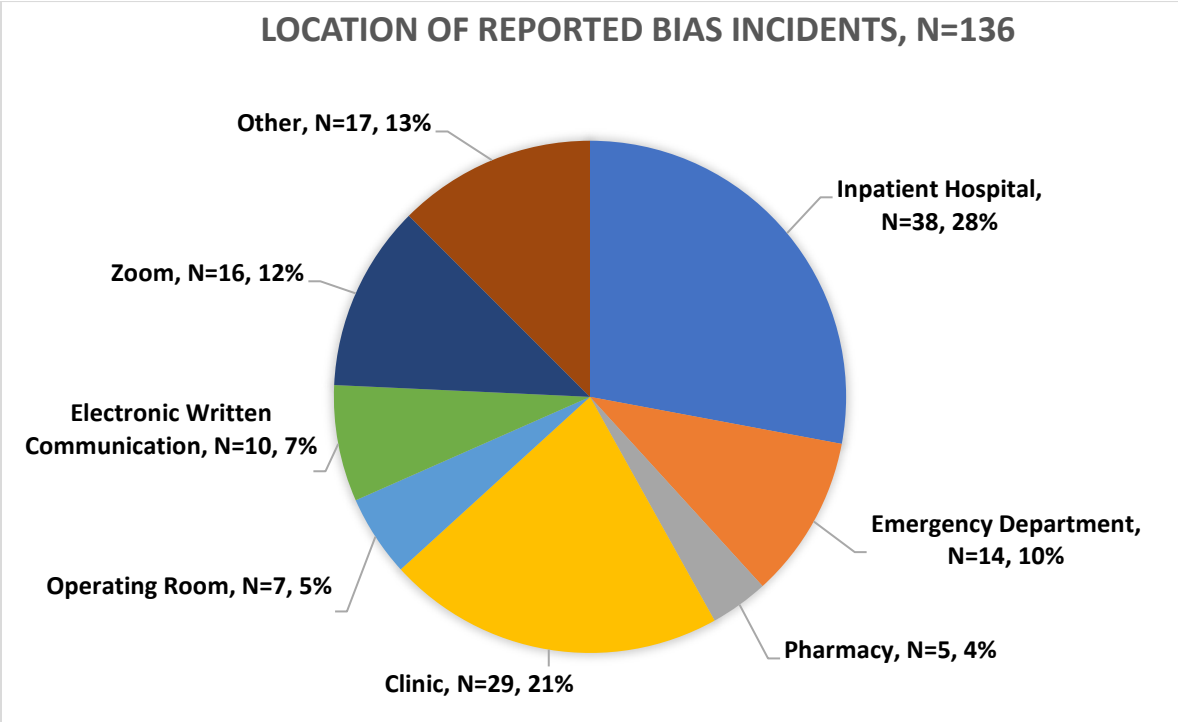


Figure 1: Location of report when available

There was a broad range of reports submitted. The team categorized common themes as described by the reporter, which included the following:

Table 2: THEMES OF INCIDENTS AS DESCRIBED BY REPORTERS, N=137

Theme as described by reporter	N
Microaggression	65
Discrimination	41
Harassment	9
Intimidation	4
Verbal Assault	10
Graffiti	1
Retaliation	1
Other*	31

*bullying, interpersonal conflict, unprofessional conduct

There were concerns reported that involved workplace conflict, hiring, and professionalism that did not appear (in talking with the reporter when possible) to involve bias. These were discussed at BRT meetings and communicated with the appropriate human relations representatives for follow-up. These accounted for some reports categorized as “other” in the table above. In some cases, the reporter did not respond to attempts to follow up for additional information, so a theme of the report was inconclusive. Some reports had more than one theme.

Some reports highlighted barriers our patients experience in accessing services, and how potential bias in the distribution of our clinical services creates inequitable care for marginalized patients. In the current state, the

bias reporting tool is not a space for patients to report concerns. However, some healthcare team member reporters brought up concerns regarding inequity within our health system impacting BIPOC, LGBTQIA+, people with disabilities, and members with other marginalized identities.

Members of the Bias Incident Response Team met weekly to review reports from that week, discuss any immediate responses or questions from the group, and helped ensure there was outreach and support to the reporters. Any lessons or concerns learned from the reports were summarized and brought to the appropriate UW Medicine leadership group, HR group, or working committee when appropriate. The goal was to ensure information was passed on to the appropriate 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, the Office of Healthcare Equity has responded directly to reports resulting in referrals, consultations or training for those involved.

For this community report, the Bias Incident Response Team has identified the following initial 4 areas for focus attention and action.

Some details are redacted or changed for appropriate de-identification.

1. BIAS IMPACTING CLINICAL CARE - PAIN MANAGEMENT

A patient with a history of opioid use disorder was being treated at our hospital for an infection. With the assistance of the pain management team, the patient was started on methadone. Over the hospitalization, there were concerns that substance use paraphernalia was found in the patient's room and patient was not following the care plan (e.g., including leaving the floor for extended periods of time). There was confusion and concern between the nursing team, the primary hospital team, the addiction medicine consultants, and the pain management team on how we can 1) safely and effectively manage withdrawal symptoms; 2) manage acute pain and 3) ensure that all interactions with the patient were respectful, supportive of recovery, and nonjudgmental.

Patients with substance-use face high levels of stigma, bias and discrimination. Furthermore, racial bias and discrimination continue to contribute to inequities in effective and equitable pain control and care for BIPOC patients. Our hospitals should be a place where everyone can feel cared for and receive the treatment they need without prejudice. Several reports brought concerns for bias impacting pain management and highlight the need to focus on strategies and policies to mitigate and examine bias in care plans and pain control regimens. We recognize the need to review and build processes aimed to effectively and equitably deliver pain management strategies regardless of race, ability, history of substance use disorder, or other ways in which pain care may be inequitably delivered.

2. RESPONSE TO MICROAGGRESSIONS AND IMPLICIT BIAS

A senior female resident and a junior male intern were walking with a critically ill patient between locations. A nurse turned to the white male intern and told him he needed to stay with the patient because there needed to be a doctor with the patient. The senior female resident had just led the code but was still questioned on her role as a physician. "This is just one example of many that evening of not being recognized as the [redacted race] senior resident physician and people repeatedly looking to my white male intern to confirm if what I was saying was correct." Other members of the healthcare team did not step up to clarify the team roles.

There is nothing *micro* about microaggression. These are incidents of discrimination (including sexism, homophobia, racism) against members of a marginalized group. They have a significant impact on the work and learning environment and perpetuate bias that impacts every aspect of our workplace. Several reports included incidents like the one above. When witnessed and reported by another member of the team, the reporter often noted "I just wish I knew what to say at the time."

There has been investment and training on the impact of microaggressions within the Office of Healthcare Equity including hiring trainers and educational specialists for equity, diversity, and inclusion trainings. It is clear this work needs to continue and be expanded. There is additional need for bystander training for our students, trainees, staff and faculty. To request internal UW Medicine trainings from the Office of Healthcare Equity, please [visit this link](#).

3. BIAS EXPERIENCED BY OUR UW MEDICINE TEAM MEMBERS FROM PATIENTS

Throughout my whole shift a patient was persistently refusing or delaying assessment and medication, and constant complaining which seemed to be targeting just me. By the end of my shift, the patient was making hurtful hand gestures directly at me. Eventually, the patient told my colleagues and the physicians that he did not want "anymore Asians in his care."

A patient expressed he did not want to see a resident physician "because the trainee was [redacted race]". Multiple BRT reporters mentioned a gap in knowledge in how to respond in the moment and a request for training in how to address racist behavior to support the community impacted by racism when these events occur.

Members of the UW Medicine community experience racism, homophobic, transphobic, and sexist comments from our patients and their families. Our clinical teams are committed to providing the highest level of patient care AND we are committed to supporting our team members who are impacted by these events. We realize that many members of our community may not be aware of the new revisions of the [UW Medicine Patient Bill of Rights](#). We recognize the need for dissemination across health care teams, easy accessibility, and training on how to operationalize this policy across our sites. We also need to focus on ways we can support our team members impacted by these events.

4. OPPORTUNITIES TO MAKE UW MEDICINE MORE INCLUSIVE

The UW lists 10 holidays and most are centered in Judeo-Christian beliefs and neglect important holidays celebrated in other cultures, religions, communities.

This year, the launch of the new EPIC systemwide EHR was on the first day of Passover, a Jewish holiday. Some members of our community, including Superusers, were required to attend a mandatory workday on Saturday, March 27th, a time when many Jewish families were celebrating together.

We often fail to honor the diversity of beliefs and celebrations in our communities (e.g., Eid, Rosh Hashanah, Juneteenth, Diwali). We believe there is an opportunity to raise awareness of holidays and celebrations that may be celebrated by families across our community. There should be intention to avoid mandatory meetings or major launch dates during these times whenever possible.

A hospitalized patient had difficulty ordering meals because there was no menu available in their spoken language. Options that include photos of food choices are important for patients when the menu or other instructions are not available in a language that they read or if they are unable to read.

It is important that we can effectively communicate with all patients within our health system regardless of language, health literacy, or disability/ability. Patient information should include photos to complement information written in a patient's preferred language whenever possible. Interpreters and communication aids are required to be used in every clinical interaction to support communication with our patients and their families and caregivers. We should consider health literacy of our patients and when possible, the use of visual aids should be used to aid with understanding about clinical care.

INSIGHTS FROM THE FIRST QUARTER REVIEW

Since starting to write this report, we have received over 150 additional reports. We recognize this is a start, it is building momentum, and there is a need for more support to address these events in our community and expand the engagement with the tool. The Bias Reporting Tool is a new and, for some members of our community, an additional "doorway" for reporting events. It is unknown if entities, locations, departments, or groups with minimal or no bias reports are due to under-reporting or the use of alternative methods for reporting bias events. We recognize that not all members of the community will be aware of the tool or feel empowered to use it. The tool was intentionally made to be brief to limit the work for the reporter. The tool also allows for anonymous reporting. This means that some reports are missing information such as demographics and/or specificity of work location that might be helpful to better understand events and gain insight to help guide next steps.

We are learning together. Both our tool and our processes will continue to evolve. We will make iterative

adjustments to the reporting tool that balances ease for the reporter and sufficient data to adequately assess and address the reports. We welcome feedback on your experience using the tool and/or general comments to help us improve. If you have used the tool to report a bias incident, you can provide feedback on the reporting process in our survey [here](#). If you have not reported but want to share your thoughts, please tell us your feedback [here](#).

Thank you to the community who has collaborated in the development of this tool, members of the team who did outreach, and especially to those reporters who have made us aware of these incidents. This work is a critical step in building a more inclusive community.

BIAS REPORTING TOOL



Contact information: biasresponseteam@uw.edu

Please note, this email goes to members of the BIRT Committee. You may reach out to individual members as well.