



Bias Reporting Tool 2022 Annual Community Report

The Bias Reporting Tool (BRT) is one of many ways for reporting bias. This report covers 06/2022 - 05/2023.

372 reports

Averaging 7 per week

24% Anonymous

Provided support to 77% of reporters

What types of biases were included in the reports?

Themes of incidents

as described by the reporter

Microaggression	185
Discrimination	131
Bullying	103
Intimidation	67
Harassment	66
Retaliation	35
Verbal Assault	33
Graffiti	3
Other*	31

*Favoritism, ageism, institutional bias, explicit language

Themes of bias incidents were captured to better understand the types of incidents reported in the community. The reporter self-identified the type of bias and was able to choose more than one option.

Incidents take place across ALL areas of UW Medicine. Reporters and those impacted include all groups (e.g., staff, faculty, trainees, students, patients).

Anonymous reporting may offer a level of comfort for reporters and these submissions are all tracked. The absence of identifiable sources can pose challenges in effectively addressing events, primarily due to the inherent limitation of not being able to conduct follow-up.

What are the identities impacted by bias events?

Identity targeted

as described by the reporter

Race	117
Ethnicity	106
Job class/discipline (e.g., physician, nurse, medical assistant)	85
Gender	65
Language	60
Ability/Disability	40
Socioeconomic status/class	38
Gender identity	37
Age	19
Sexuality	19
Caregiver status	15
Religion	14
Size	10
Other*	47

*Veteran status, housing status.

2023: updated to include "Substance Use" as an identity targeted.

It is important to note that the BRT Committee is not an investigational QI protected workgroup and reports that need investigation are passed to the appropriate group.

Investigative Resources and Partner Groups

[Civil Rights Investigative Office](#)





[Human Resources Consultant](#)

[Patient Safety Network](#)

Learn more about the process, committee, and history [here](#)



Initiatives in Response to BRT Reports

<p>GENDER IDENTITY</p> <p>Changes in electronic health record systems (pronouns and preferred names)</p> 	<p>RACIAL MICROAGGRESSIONS</p> <p>Educational campaign, creation of an anti-racism policy and equity consult service</p> 
<p>BIAS-RELATED CONFLICT</p> <p>Development of home for Restorative Practices and Restorative Justice</p> 	<p>PATIENT IMPACT</p> <p>Ability to indicate bias as a contributor to patient safety events</p> 

Reports provide an opportunity to support individuals impacted, drive these system-wide initiatives, and partner with leadership about concerns in our community.

Focus on Interpreter Services

Reports from this past year include the care of patients with limited English proficiency (LEP) and the misuse, underuse, and inappropriate use of interpreter services. Events were seen across our system. We recognize that many members of the clinical team have not been taught best-practices and hope that the information below helps our community to understand the scope of the problem and implement best practice. In addition, as a state entity that receives Federal funds, we are required by law to provide reasonable accommodations for language access. While these concerns were elevated since 2017 by Interpreter Services and OHCE, ongoing challenges have been highlighted through BRT reports describing specific experiences. Thank you to all the members of our interpreter services team who helped by sharing their experiences and their expertise.

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"...[staff] was speaking to patient in very basic Spanish and gestured to items to help convey the meaning when they did not know the words in Spanish. After using the iPad interpreter, myself, I asked [staff] if they would like for me to keep them on the line and they told me no because they spoke Spanish, which made me worried for the chance for equitable care and safe communication for this patient..."

"...the doctor will talk to the adult children, and say "I am talking to the daughter now so you don't need to interpret,"...the patient is not integrated into their own care, not given the chance to weigh in. I worry about the patient who is not given a voice...not able to voice their own concerns about possible side effects, or even being spoken to. This is so common that likely all the teams will have similar stories."

While UW Medicine continues to make progress in some areas, there is a need for ongoing support to address these events in our community. Thank you to all reporters who help to support this work.

Scan to access BRT