FOUNDATION FOR Health Care Quality
Washington PATIENT SAFETY COALITION

Addressing Stigma & Bias Workgroup
Monday, June 22, 2020
Minutes

- 2:00 Approve May Minutes | *Anita Sulaiman*
  - Minutes Approved

- 2:05 Recap of Action Items | *Kinsey Gray*
  - Kinsey call with Bryon Lambert
    - Webinar Date will be September 1st
    - Discuss content for webinar
      - From Jessica-*I'd be curious to know if Bryon can discuss "discretion elimination" in his presentation. As an example: I heard that ethics committees would use discretion elimination if they were forced to ration ventilators during a COVID-19 surge. I.e. they would never know the race or socioeconomic status of a patient who needed a ventilator. I'm not sure we want to "go there," but it was great to see discretion elimination in practice. I wonder if there are other, less controversial, topics that we could use as examples of discretion elimination?*
      - Thoughts around "You Can't Fix What you Can't See" in terms of racial/implicit bias
      - Want to make sure we think about administrative staff that also interact with patients
      - Lack of lasting impact on implicit bias training- is it more impactful to do discretion elimination training?
        - COVID hitting hard- ration ventilators and using some sort of committee about using that and how would get it
        - Blind to race, socio economic statues or anything that could sway bias towards one person or another
        - Other examples like having decision making algorithms; ways to make sure black people get same pain management care.
        - How do we leapfrog over getting rid of implicit bias? What tools/resources are in place?
          - Pain Medicine specifically for example
        - Receive training and it does not change interaction with people and community
        - Bryon may have wealth of resources to share on this topic
          - Cultural awareness training vs. cultural competency training- competency is a continuum – awareness is just the beginning step towards competency
          - Talking about a system and awareness isn't enough to change it
          - Next step after awareness- what is that? System aspect and changing policies into conversation
            - Cultural audit of systems
              - Ex. There is not signage for multiple languages in a facility

        - Ex. Menu for patients only reflecting certain foods
    - Jessica reaching out to Bryon about other opportunities; can continue to discuss this webinar with him
        - CMO's addressing racism and health equity
    - CHPW has patients who don't read or write in any language
        - How do they keep track of any medicine or know what they're for?
        - Improve communication in non-judgmental way
        - Must think about things the average person doesn't think about (EX- people without sight)

- Amy meeting about Bree Assessment
    - Bree is building more robust surveys to gauge various delivery sites implementation of our recommendations. They are also in the process of upgrading and building in Implementation page and resources to their website, so doing the surveys along with that.
    - In the next few weeks/month Amy will build a checklist and core process measures for the LGBTQ Bree recommendations
    - Low response rate- is this the best mechanism?

- 2:15 Current Social and Health Climate & This Workgroup | *Anita Sulaiman*
    - Really important thing to keep in mind
    - Flurry of activity
        - So busy with COVID and then the last 3 weeks has been on anti-racism and health equity
        - Feels meaningful in a different way than anything before
        - Worry that because of the prominence of this now there are thousands of people going in a thousand directions vs. one clear voice and having a meaningful impact- we need to be intentional about the correct voices at the table and where are the new tables we can learn at
        - Power of language to push forward the movement and how we approach the work we do.

- 2:25 Discuss Workgroup Project Plan | *Anita Sulaiman*
    - Review and approve Purpose, Goals and Key Strategies
        - Anita compiled the different iterations of this to come up with final document
            - Thoughts from group?
            - Purpose is huge and that is what makes this work so daunting-
                - It has lots of tentacles
            - Where should we be focused and where can we be broad?
                - Narrow behavioral health in 2 strategy
                - Put bullet points under actual action plan
            - Simply put our purpose reads "Our job is raising awareness by people who don't receive equal access"
        - Acronym – change to LGBTQIA+
            - Allies don't experience the bias; but loved ones do if their family member is not receiving the care they need
        - Goals:

- Is the issue the group wants to address access to healthcare? And how is that defined? The type of care a person is experiencing within care delivery system
- Related to bias- policies don't describe discrimination towards people
- Interpersonal interaction in healthcare system
- In the discussion we have mentioned that training doesn't really do anything; so why do we include that in the action plan?
- Without training we wouldn't get anywhere- so maybe we pair it with other activities in the group
- Patient refers to the person receiving care and not the broad community
    - So a person during an encounter with a patient
    - Addressing racism as a huge thing- in the beginning it was set aside and so just thinking about that
    - Training- where do we come in at?
        - Can we equip leaders within organization to support this work and trainings?
        - Would we consider Bryon's webinar as a training?
        - Racism under broad umbrella of target's for 3rd line in action plan
    - What are the Bree tools and resources?
        - Can someone send an email or help change language in the action plan?
        - Amy has implementation resources around certain behavioral health integration
        - Amy to send link to webpage for group to review
    - Webinar on providing care in LGBTQ community from IHI conference that we can recreate presentation with PowerPoint
        - Have local physicians use as starting point- make sure it includes information that aligns with Bree Recommendations before we recreate and promote
        - *Potentially plan to host this webinar in October.*
            - Migrate slides into new deck, incorporate Bree recommendations and physician who would present's input and thoughts
            - Jessica can create and take lead and help promote CME credit
            - Share work that organizations are doing on this topic
            - Recollection that Seattle Children's has done a good job around health equity.
                - Kinsey can reach out to Jackie about their work
        - Idea is that we could be implementers of Bree's work
            - Is it within realm of work to do implementation at a site- next step past education?
            - Pilot of changes to implement- outreach that is next step from webinars

- Choose a small site and determine barriers
- What resources do we have to do this?
- Resources are who we see on the screen & Coalition members; if we choose to do it at a site that is a member, we would work with them to enlist and recruit resources to help
- This is leadership group for initiatives and staff from other members to help us do this.
- Not unusual to recruit students to do this
- A good idea to call on our coalition members – What ED says does not necessarily mean that the person on the ground will do it
- Moving beyond educational stuff
- Ex. Diagnostic workgroup is creating standardized taxonomy for diagnostic error
- Involved adverse event reporting companies, one of our members and SIDM and CMS

- Develop Action Plan

Next Meeting: July 16, 4:00-5:00PM