When Bias Keeps Patients in The Bed

Rani Morrison, MS, MSW, LCSW, FACHE

Chief Diversity and Community Health Equity Officer

No one is immune from biased care

- 52 yo
- Black Female
- COVID+
- Requesting redemsevir
- Requesting pain meds
- Requesting CT scan
- Admitted over a week

Dr. Susan Moore

- Family Medicine Physician
- Independent practice
- Mother of 1 son
- Caretaker of 2 parents with dementia
- Member of sorority
- Died December 20, 2020—after being discharged from another hospital on December 7 and readmitted 12 hours later and intubated

Hospital external investigation

- "…there was a lack of **empathy** and **compassion** shown in the delivery of her care."
- "Cultural Competence was not practice by all providers and several caregivers lacked **empathy**, **compassion**, and awareness of implicit racial **bias** in the delivery and communication of Dr. Moore's care."

Yes, I know, but **I'm** not biased!

What is bias?

- **Explicit bias**: thoughts, beliefs, and values that we are aware of. You know it, we can ask it, survey it, see it. You can attempt to control it.
- **Implicit bias**: often biases that we are unaware of. occurs between a group or category attribute and a negative evaluation—i.e. subconsciously associating being Black with being “aggressive” or women with being “sensitive”. Since you are unaware of it, you might not be able to control it. Your mind just automatically goes to it.

Bias comes from stereotypes

- All bias is rooted in stereotypes. We all know stereotypes, whether we believe them or not. There are stereotypes about men and women, races, ethnicities, where people are from, political affiliations, body habitus, etc.
- Stereotypes persist even when we know better. Being aware of these stereotypes can cause them to pop into your mind, even when you least expect it—thereby influencing all information that you receive subsequent to it.
- Healthcare professionals need to be particularly wary of negative evaluations we make that are linked to the membership of a group or a particular characteristic

Assumption or assessment?

Father/daughter

- AA male
- 70 yo
- Chronic UTI
- Lives w/wife and daughter at home
- Daughter is primary caretaker and paid homemaker
- Patient is intermittently refusing PT and meals and can be unpleasant to staff
- Daughter visits daily, often raises voice to speak, appears anxious, and asks lots of repetitive questions
- Staff are often exasperated with daughter
- Patient hospitalized monthly
- What have you **assessed** or what do you **assume**?

In actuality….

- Once nurse approaches daughter, allows her to vent--he determines daughter is overwhelmed and scared as parents' health is worsening and she is sole caretaker. Refers daughter to Social Work, who then refers to Senior Services respite care and counseling services—this is an appropriate venue for daughter's concerns as well as helping her manage her emotions about the situation.

Woman in distress

- Hispanic female
- 30 yo
- Post-revision vaginoplasty
- Found on unit visibly upset and tearful
- Complaining in both English and Spanish to staff
- Declining care and assistance
- What have you **assessed** or what do you **assume**?

In actuality…

- Patient had previous vaginoplasty at another hospital, but physician moved to new hospital and the competency of care is maturing. Patient is a current CNA, and is demonstrably upset because she is now packing her own wound due to her tiring of being misgendered and insensitive comments/questions from staff.

Rebellious teen

- AA male
- 18 yo
- New paraplegic
- Admitted for complications post-GSW
- PT unsuccessful at working with him consistently despite repeated attempts
- Repeated refusals make him a poor candidate for placement upon discharge, which is what he would like
- What have you **assessed** or what do you **assume**?

In actuality

- Patient lives in a far south suburb, no previous case manager or clinic has been able to secure home health nursing and wound care for his home care due to the limited network of his Medicaid plan, so his wounds are not being treated at home. He lives too far away for regular outpatient wound care and has unreliable transportation options due to being in a wheelchair and family support. He is in extreme pain, so he is refusing PT. He also has not accessed any mental health therapy post shooting, and is likely suffering from PTSD and depression. And—if it matters—he was hit by a stray bullet and was not the intended target.

- While used as examples, those are real life scenarios that occurred. In each situation, staff and clinicians either implicitly or explicitly demonstrated bias against the patients or caregivers that negatively impacted the patient's care and possibly their outcomes. And in the case of Dr. Moore as we saw at the beginning, it might have contributed to loss of life.
- Think about your own experiences…how many times have you assumed that an obese patient wasn't exercising?
- How many times have you thought that a patient that doesn't speak English is undocumented?
- How many times have you assumed that a Black patient will have a social determinant of health need?
- Please don't answer out loud, just think about it. The goal is not to publicly chastise or embarrass. We ALL have biases. But we need to recognize them, and confront them so that we don't lead with our biases.

- University of Chicago recently published a great, yet sobering study this past winter in which they reviewed their electronic medical record to investigate whether providers' use of negative patient descriptors varied by race or ethnicity.
- Sadly, they found that compared to White patients, Black patients had 2.54 times the odds of having at least ONE negative descriptor in their H&P.

Negative descriptors

- non-adherent
- aggressive
- agitated
- angry
- Challenging
- Combative
- non-compliant
- non-cooperative
- defensive
- exaggerate
- hysterical
- unpleasant
- refuse
- resist

How DOES bias show up?

- Scores of data and peer-reviewed articles showing that v
other factors are controlled for---income, education, insu
comorbidities—Black patients still receive care inferior to
patients.
- In one of the wealthiest and most advanced countries in
according to the Centers for Disease Control, Black v
times more likely to die from pregnancy-related cau
women.
- Dr. Chaniece Wallace, Chief Pediatric Resident at Ind
School of Medicine/Riley's Children's Hospital died C
2020, two days after her daughter was born.

So what can we do to combat our own bias?

- Recognize stereotypes and when you are leaning into them rather than the person in the bed
- See each patient as an individual
- Focus on the various subgroups within a group rather than an entire group (i.e. Latinx runners, Latinx vegans, Latinx women that live in Pilsen vs Latinx people)

So what can we do to combat our own bias?

- Imagine what it is like to walk in the shoes of another person—what might it be like to be them
- Confront microaggressions: say something. “Hey”, “Woah”, “That’s not okay”
- And if someone confronts US: ***accept it*** and adjust

The **University of Illinois Hospital & Health Sciences System (UI Health)** provides comprehensive care, education, and research to train healthcare leaders and foster healthy communities in Illinois and beyond. A part of the University of Illinois at Chicago (UIC), UI Health is a clinical enterprise that includes a 465-bed tertiary care hospital, 21 outpatient clinics, and 14 federally qualified Mile Square Health Centers. The health system also includes the academic and research activities of the seven UIC health science colleges: College of Applied Health Sciences; College of Dentistry; School of Public Health; Jane Addams College of Social Work; and the Colleges of Medicine, Pharmacy, and Nursing, including regional campuses in Peoria, Quad Cities, Rockford, Springfield, and Urbana. **UI Health is dedicated to the pursuit of health equity.**

Thank you!