Institute for Healthcare Improvement | Lucian Leape Institute

Equity and Patient Safety Measurement

Moving Measurement into Action: Designing Global Principles for Measuring Patient Safety | Pre-Seminar Briefing Document on Equity and Patient Safety

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BACKGROUND AND EXISTING CHALLENGES

As one of the six domains of health care quality, equitable care – care that does not vary in quality because of characteristics such as gender, ethnicity, geographic location, and socioeconomic status – is a key component of high-quality care and an essential companion to the other domains, including patient safety.[i] Consequently, health inequity, a difference or disparity in health outcomes that is systemic, unavoidable, and unjust, has a clear and important impact on the safety of care.[ii] In order to improve safety for all patients, all health care providers must evaluate their data for inequities and view inequity as a type of harm.

While research on the connection between equity and patient safety is limited, recent efforts to understand the intersection of these topics in the United States health care system have identified clear relationships between a patient's socioeconomic characteristics and the safety of their care.

> In a study on racial and ethnic disparities in healthcare-acquired infections (HAIs) in the United States, Bakullari et al. found that, among patients hospitalized with specific conditions, Asian and Hispanic patients had significantly higher rates of HAIs than white non-Hispanic patients. The authors speculate that their findings reveal that poor communication between patients and providers, exacerbated by language barriers, may play an important role in the occurrence and treatment of HAIs.[iii]
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> In a study of racial, ethnic, and socioeconomic disparities in the estimates of patient safety indicators, Coffey et al. found varying rates of patient safety events for different racial and ethnic subgroups. These higher rates remained for certain subgroups, particularly non-Hispanic blacks, even after controlled for variations in income. Based on these findings, the authors raise questions about the potential bias of the US health care system and consider the impact of a lack of cultural sensitivity and effective communication on safety of care.[iv]

Additional research has clarified that overall improvements to the safety and quality of care may not always benefit all populations. In fact, in certain circumstances, efforts to improve standardization and move toward highly reliable systems might in fact increase inequities. The potential negative impact of quality improvement on disparities is especially evident for providers and facilities that are under-resourced and care for the most vulnerable populations. Linguistic and cultural barriers can exacerbate these unintended consequences.[v]

The effort to understand and address inequities in the safety of care will vary among nations, each of which has its own social and political history that has contributed to the marginalization of specific peoples. Policies and processes for addressing inequities may depend on the prominent social, political, and/or economic factors that have led to and/or normalized marginalization, as well as the level of acknowledgement of and dissatisfaction with past and present inequities. While there is a

growing body of research around the impact of disparities on the safety of care, publications remain limited.

OPPORTUNITIES AND UNANSWERED QUESTIONS

The safest care for all patients is contingent upon health equity – when all people have the opportunity to obtain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.[vi]

The way that providers, organizations, and systems measure and evaluate patient safety has significant impact on the understanding and mitigation of inequities. As a part of every patient safety measurement strategy, stakeholders should focus on:

- Ensuring all safety data is stratified for locally relevant social determinants (e.g. race, gender, ethnicity, etc.)
- Standardizing and utilizing safety dashboards to intentionally review, understand, and target inequities in the safety of care
- Addressing inequities in the reporting of patient safety events
- Considering the measurement of the potential long-term impact of inequitable, unsafe care, including physical, psychological, and financial consequences

To positively impact the advancement of equitable patient safety measurement, seminar participants may wish to consider the following:

- How can we redesign systems of measurement to best address the most vulnerable populations?
- How may health inequities influence the way that measures are collected and evaluated? How do these inequities impact the overall safety of care?
- How do we prioritize measures that are most meaningful for advancing health equity?
- How should equity be intentionally incorporated into safety metrics and measurement collection and review methods? How might this vary by setting?
- How can guiding principles for patient safety measurement encourage and facilitate the stratification and review of data?
- What might be some of the unintended consequences of patient safety measurement on the equity of care?

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