



Penn Medicine

CPUP Quality and Safety

Focus on event reporting: Racism

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Background

Actual CPUP PMSN submission.

Patient was very rude and started a altercation after getting into elevator then proceeded to verbal assault me. Follow we around the stair well of the elevator and back into elevator outside. he brought into racial slurs and intimidation he then followed me around I guided him the front desk since he wanted to make a claim against me. I called penn police and had a report filed.

Using descriptors to capture frequency and location of racism events, CPUP had 3 reported this FY.

Penn Medicine Health System

CPUP Racism reports

Entered Date is within Fiscal 2021/22

Department	Location	Reporter Role		Grand Total
		Manager(not RN)	Medical Assistant	
MEDICINE	879 ALLERGY PM		1	1
NOT APPLICABLE	PENN MEDICINE U		1	1
PATHOLOGY AND	761 PATH LAB VAL	1		1
Grand Total		1	2	3

Capturing racism events with descriptors below

Describe the Event	contains	racism	▼
Describe the Event	contains	racist	▼
Describe the Event	contains	racial slur	▼
Describe the Event	contains	racial comment	▼
Describe the Event	contains	racial	▼
Describe the Event	contains	racial bias	▼
Describe the Event	contains	Diversity	▼
Describe the Event	contains	Inclusion	▼
Describe the Event	contains	equality	▼
Describe the Event	contains	discrimination	▼
Describe the Event	contains	minority	▼

Problem statement

Low reporting of racism is multifactorial and can be confounded by

- Not knowing where to report

PMSN

Midas

215-4-COMPLY

- Not trusting the system
 - Who sees the report?
 - Who responds to the report?
- Not knowing when to report
 - Is this really happening?
 - Should I accept / ignore the incident?

Current condition / Provider to provider

Professional Behavior

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PLEASE REPORT OBJECTI...

Event Details


Person Affected

When and Where Event Occ...

File Status

0 of 21 total fields completed.

0 of 12 mandatory fields completed.



PLEASE REPORT OBJECTIVE INFORMATION ONLY!

Event Details

Professional Behavior
Any event involving behavior of undermines 1) our culture of pa for patients, staff and/or UPHS p

Reporter Role (i.e. Your Role)

Is This Covid19(Coronavirus) Related?

Specific Event Type *

- Aggression Toward an Inanimate Object
- Communication
- Death Threat
- Destructive Behavior
- Discrimination
- Failure To Respond
- Harassment
- HIPAA Violation
- Inconsiderate/Rude/Hostile/Inappropriate
- Intimidation/verbal abuse



Current condition / Patient or Visitor to Provider

Employee/Affiliate/Visitor Submission Form

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PLEASE REPORT OBJECTI...

Event Details

Person Affected

When and Where Event Occ...

File Status

2 of 19 total fields completed.

2 of 15 mandatory fields completed.



PLEASE REPORT OBJECTIVE INFORMATION ONLY!

Event Details

Employee/Affiliate/Visitor Event

An event involving any undesired or unexpected occurrence during an employee, affiliate, or visitor's normal course of work while on hospital or associated grounds during working hours. Includes burns, falls, needle sticks, being struck by someone or something, overexertion, etc. Affiliates include all contract workers, physicians, students, or volunteers

Is This Covid19(Coronavirus) Related? *

Specific Event Type * Other

If Other, Please Specify * Racism



Employee/Affiliate/Visitor
Safety

Ideal state

Critical to quality

- Racism would have its own discrete field in PMSN.
- Racism reports are balanced with reacting and responding.
- Racism events are tracked and trended for process improvement.

Next steps

Inputs:

Encourage PMSN reporting using either Professional Conduct form or Employee / Affiliate form.

Outputs:

React and respond to the event.

Track and trend event for hot spots.

Measuring success:

Option 1: Schedule report delivery of racism events using all the descriptors or

Option 2: Schedule report delivery of racism events using discrete fields for “discrimination” or “other / racism.”

National crisis

“A patient’s refusal of care based on the treating physician’s race or ethnic background can raise thorny ethical, legal, and clinical issues — and can be painful, confusing, and scarring for the physicians involved. And we fear that race-based reassignment demands will only increase as the U.S. physician population becomes more racially and ethnically diverse.”

Dealing with Racist Patients. *Kimani Paul-Emile, J.D., Ph.D., Alexander K. Smith, M.D., M.P.H., Bernard Lo, M.D., and Alicia Fernández, M.D.* *New England Journal of Medicine* 2016; 374:708-711
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