OPSC OREGON PATIENT SAFETY COMMISSION

Date: April 18, 2023
Attn: House Committee on Behavioral Health and Health Care
Subject: Follow-up on Representative Goodwin's Question About Health Equity Data

To the Honorable Chair Nosse, Vice-Chairs Goodwin and Nelson, and members of the House Committee on Behavioral Health and Health Care,

At the April 17, 2023 hearing of the House Committee on Behavioral Health and Health Care, Representative Goodwin asked a valuable question about health equity data collected by the Oregon Patient Safety Commission's (OPSC's) reporting program: "You've been collecting data for quite a few years, and in that data, have you recognized a correlation between adverse events and health inequities?" Because health equity is such an important consideration, I'd like to provide additional information.

- **Patient safety is undeniably linked to health inequity**—the differences in health outcomes that are systematic, avoidable, and unjust.[1–4] A 2020 study published in the *Journal of Patient Safety*[5] identified race differences for serious harm events by both type of event and hospital setting for events reported in a voluntary reporting system. Structural racism and systemic discrimination based on factors such as race, sex, language, and socioeconomic class are codified in the policies and practices of the U.S. healthcare system.[6,7]

  > *"Health equity is a quality/patient safety issue. They are connected. The existence of institutional racism and discriminatory practices in various systems, including health care, serve as root causes of inequities that drive recurring and disproportionate health care disparities." (Copeland 2020[4])*

- **Understanding the root causes of inequity in patient safety is essential to inform strategies to address inequities**—but there's limited information about how healthcare organizations seek to understand the role of health equity in adverse events. In Oregon, even basic data on race and ethnicity are either not collected during facilities' event investigations or are simply not included in event reports submitted to OPSC's reporting program (Figures 1 and 2, below). But this is not a problem limited to OPSC or Oregon healthcare organizations. McDonald et al. note that "Few organizations analyze their safety or risk data in the context of race, ethnicity, or language preference."[8(p76)] In addition, there is limited understanding among healthcare organizations about how to connect what we know about health inequities to solutions that result in concrete changes.[9]

- **OPSC can encourage practices and improvement efforts that advance equity**. OPSC's role is to work with organizations across the healthcare system to support learning and collaboration. We offer insight into the efficacy of the processes and systems organizations use to make care safer following patient harm events. This should include encouraging practices and improvement efforts that advance equity.

I hope this letter provides a more complete response to Representative Goodwin's question.

Respectfully,

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Demographic Data Submitted to OPSC in 2021

Figure 1. Patient Race, 2021

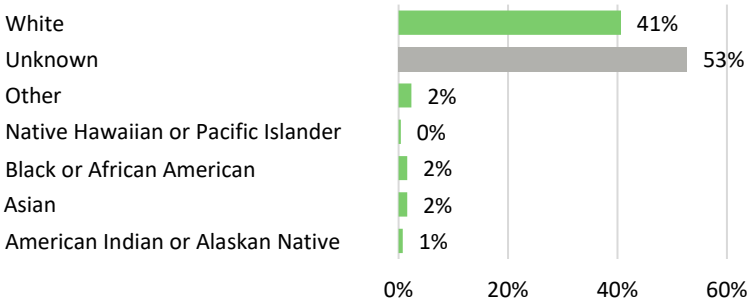
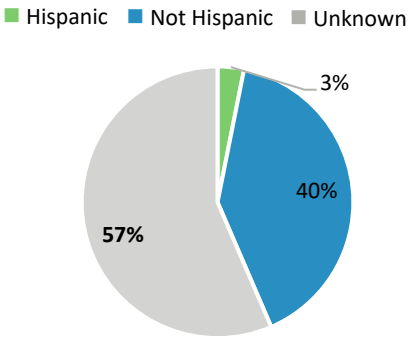


Figure 2. Patient Ethnicity, 2021



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