

Supporting Health Systems to Address Structural Racism in Care of Patients with Sepsis: Measuring Organizational Readiness

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Background

Sepsis affects approximately 1.7 million patients in the US annually. Persistent racial inequities exist, with African American/Black and Latinx populations experiencing higher rates of complications and readmissions. Structural racism in healthcare and adjacent sectors shapes these inequities. Champions Advancing Racial Equity in Sepsis (CARES) is an intervention designed to equip health systems to address these inequities. **No validated measures previously existed to assess organizational readiness for anti-racist work in sepsis care.**

Methods

- 1) **Scale Adaptation:** Adapted existing scales and constructs covering learning/problem-solving, system stress, psychological safety, senior leadership support, and strategic planning..
- 2) **Cognitive Interviewing:** Conducted interviews with 9 participants from diverse healthcare backgrounds using standardized verbal probes; modified 19 items and revised instructions based on feedback.
- 3) **Psychometric Analysis:** Assessed internal consistency reliability (Cronbach’s alpha) with 30 participants from three health system coalitions.

Validated Assessment Tool for Measuring Healthcare Organizations' Readiness to Address Structural Racism in Sepsis Care (α=0.908)

The results of the psychometric analysis by domains are summarized here: (Note: α of .70-.79=acceptable; .80-.89=very good; .90 and above=excellent)

Strategic Planning Process (α = 0.918, Excellent)



5 Items, including:  
"We take strategic approaches to reduce racial inequities in care of patients with sepsis."  
"We utilize goals and metrics to reduce racial inequities in care of patients with sepsis."

Learning and Problem Solving (α = 0.815, Very Good)



10 Items, including:  
"We are encouraged to use creative problem solving to address racial inequities in sepsis care."  
"We use multiple kinds of data to reduce racial inequities in care and outcomes for patients with sepsis."

Stress/Pressure in the System (α = 0.779, Very Good)



4 Items, including:  
"People providing care for patients with sepsis are overly stressed."  
"There is simply no time for reflection in this work environment."

Senior Leadership Support (α = 0.774, Acceptable)



4 Items, including:  
"Senior leaders have prioritized reducing racial inequities in care and outcomes for patients with sepsis."  
"We have adequate financial resources for personnel and equipment to reduce racial inequities in care and outcomes for patients with sepsis."

Psychological Safety (α = 0.515, Not Acceptable)



10 Items, including:  
"We are able to bring up problems and tough issues."  
"It is safe to take a risk in our work."  
"Colleagues deliberately act in a way that undermines our efforts."

Results

Results demonstrated excellent reliability, with a Cronbach's alpha of 0.908. This finding validates the instrument's effectiveness in capturing the multidimensional nature of organizational readiness to address structural racism in sepsis care, particularly given the persistent racial inequities observed in sepsis outcomes for African American/Black and Latinx populations compared to Non-Hispanic White populations.

Conclusion

This study critically addresses the lack of measures for organizational readiness to mitigate structural racism in sepsis care. This reliable and comprehensive assessment tool can support healthcare systems in identifying and addressing racial disparities that compound factors at hospital and community levels. The validated measure offers a crucial approach to making evidence-based decisions, potentially driving measurable reductions in sepsis outcome inequities and advancing health equity for historically marginalized populations.

