Validated Assessment Tool for Measuring Healthcare Organizations' Readiness to Address Structural Racism in Sepsis Care

Hanifah Ouro-Sama,[1] Sinem Toraman Turk,[1] Emily Cherlin,[1] Dowin Boatright,[2] Leslie Curry,[1] and Erika Linnander[1]

[1]Global Health Leadership Initiative, Yale University, New Haven, Connecticut. [2]New York University Grossman School of Medicine, New York.

Study Overview:

Sepsis is a leading cause of morbidity, mortality, and healthcare costs in the US, with well-documented racial inequities in risk, identification, treatment, and outcomes. Champions Advancing Racial Equity in Sepsis (CARES) is an NIH-funded intervention designed to equip health systems to identify and mitigate structural racism's impact on sepsis care and outcomes. This assessment tool was developed to measure organizational readiness for this critical work. Development followed a three-step approach:

1. **Scale Adaptation:** Modified existing validated scales and theoretical constructs related to organizational culture and readiness for change
2. **Cognitive Interviewing:** Conducted with 9 healthcare professionals from diverse disciplines to refine item wording and relevance
3. **Psychometric Analysis:** Assessed internal consistency reliability (Cronbach's alpha) with 30 participants from three health system coalitions

Psychometric Results:

Domain	Description	Items	Cronbach's α	Reliability Rating
Strategic Planning Process	Measures organizational approaches to addressing racial inequities in sepsis care	5	0.918	Excellent
Learning and Problem Solving	Assesses organizational learning characteristics and creative problem-solving	10	0.815	Very Good
Stress/Pressure in the System	Evaluates time constraints and stress that might impede equity efforts	4	0.779	Very Good
Senior Leadership Support	Measures leadership commitment and resource allocation	4	0.744	Acceptable
Psychological Safety	Assesses whether staff feel safe speaking up about racial equity issues	7	0.515	Not Acceptable
Full Survey	Comprehensive assessment	30	0.908	Excellent

Note: α of .70-.79=acceptable; .80-.89=very good; .90 and above=excellent

Key Sample Items by Domain:

Strategic Planning Process (α = 0.918)

- "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."
- "We ensure that processes for management and coordination are in place to reduce racial inequities in care of patients with sepsis."

Learning and Problem Solving (α = 0.815)

- "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."
- "We interact with outside organizations to learn new ways of reducing racial inequities in care and outcomes for patients with sepsis."

Stress/Pressure in the System (α = 0.779)

- "People providing care for patients with sepsis are overly stressed."
- "The time constraints get in the way of providers doing a good job."
- "There is simply no time for reflection in this work environment."

Senior Leadership Support (α = 0.744)

- "Senior leaders have prioritized reducing racial inequities in care and outcomes for patients with sepsis."
- "Senior leaders have encouraged changes in practices to reduce racial inequities in sepsis care and outcomes."
- "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)

- "We are able to bring up problems and tough issues."
- "It is safe to take a risk in our work."
- "If we make a mistake, it is held against us."

Implications and Conclusion:

This study addresses the critical need for validated measures of organizational readiness to address structural racism in sepsis care. The assessment tool demonstrates excellent overall reliability (α = 0.908), with four of the five domains showing acceptable to excellent internal consistency. The psychological safety domain requires further refinement. This reliable assessment tool provides healthcare systems with a practical method to identify organizational strengths and opportunities for improvement in addressing racial inequities in sepsis care, potentially driving measurable reductions in outcome disparities among historically marginalized populations.