

As a hospital leader, you likely focus considerable attention on providing excellent care to all of your patients, and you may use reports of your quality measures to help.

Just as a quality report allows hospital executives, physicians, and staff to examine quality of care across multiple dimensions, an **equity report** highlights potential inequalities in utilization, care processes, outcomes, and patient experiences with care. By building on existing quality reporting efforts, an equity report helps examine the extent to which your hospital provides equally high quality care to all patients, regardless of their race, ethnicity, language, socioeconomic status, and other characteristics.

Since the Institute of Medicine defined equity as a key pillar of quality care, it has become increasingly important to measure and improve equity within hospitals. **Creating Equity Reports: A Guide for Hospitals** is a resource that can help your staff develop an equity report. The Guide provides practical information on how to collect data on race, ethnicity, language, and socioeconomic status – and how to use those data to develop an equity report that will allow your hospital to take action. It also includes tips for leading the process of developing and using the report. Development of the Guide was supported by the Robert Wood Johnson Foundation and the Office of the Attorney General of Massachusetts.

It is available *free of charge* at <http://www.massgeneral.org/disparitiessolutions/resources.html>.

An equity report can have many benefits for your hospital, including identifying populations that may be at increased risk of adverse outcomes and fundamental patient safety “never” events. It can help you understand where in your hospital patients from different racial, ethnic, and language, and socioeconomic groups are served, and the extent to which their needs are being met. Please share the Guide with appropriate staff at your hospital, such as those responsible for quality reporting. We hope that it will assist you and other hospitals across the U.S. in reducing inequalities and improving the quality of care provided to all patients.

“As a physician, I am committed to the elimination of health disparities, ... [and] I feel that any collecting and reporting of data should be stratified by race and by gender. I recognize the importance of having standards of care [and] reporting how well hospitals and other health institutions are meeting their goals. In my practice, I endeavor to treat all patients the same with regard to important health indicators. However, I am reminded by the literature that even the best-intentioned professional may have variances in their care despite the notion of professionalism. I can see from the research that we don’t treat people the same across the board - whether it’s in the area of osteoarthritis, hip replacement, cardiac catheterization, or pain management. It becomes imperative as practitioners and hospitals that we must recognize that we have an institutionalized problem. And the only way an institution can address the issue is to look at the data. Failure to do so will only perpetuate the problem.”

*Cedric Bright, M.D.
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Speaker of the House of Delegates,
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Guide contents:

- Introduction to equity reports;
- Suggestions for leading the reporting process;
- Overview of how to collect equity data, including race and ethnicity data;
- Description of quality measures;
- Examples and guidance presenting data;
- Strategies for using the report to reduce inequalities.

The Guide also includes overviews of the experiences of several U.S. hospitals in using race, ethnicity, language, and socioeconomic status data to examine the quality of care they provide for different groups of patients.