

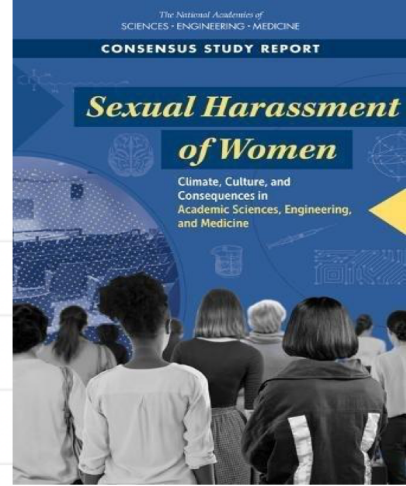
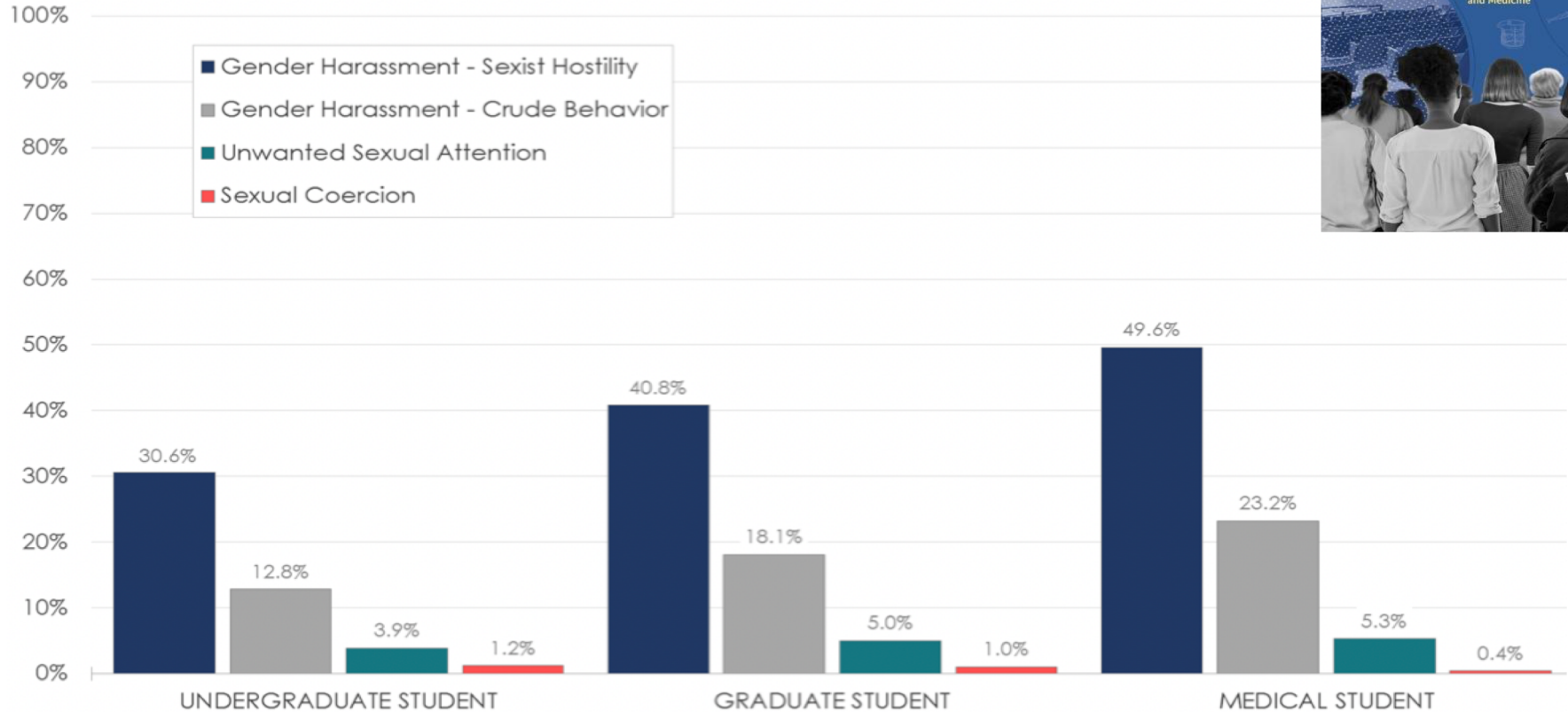
TIME'STM = UP HEALTHCARE

Transforming Our Workplace: It's Time

OBJECTIVES

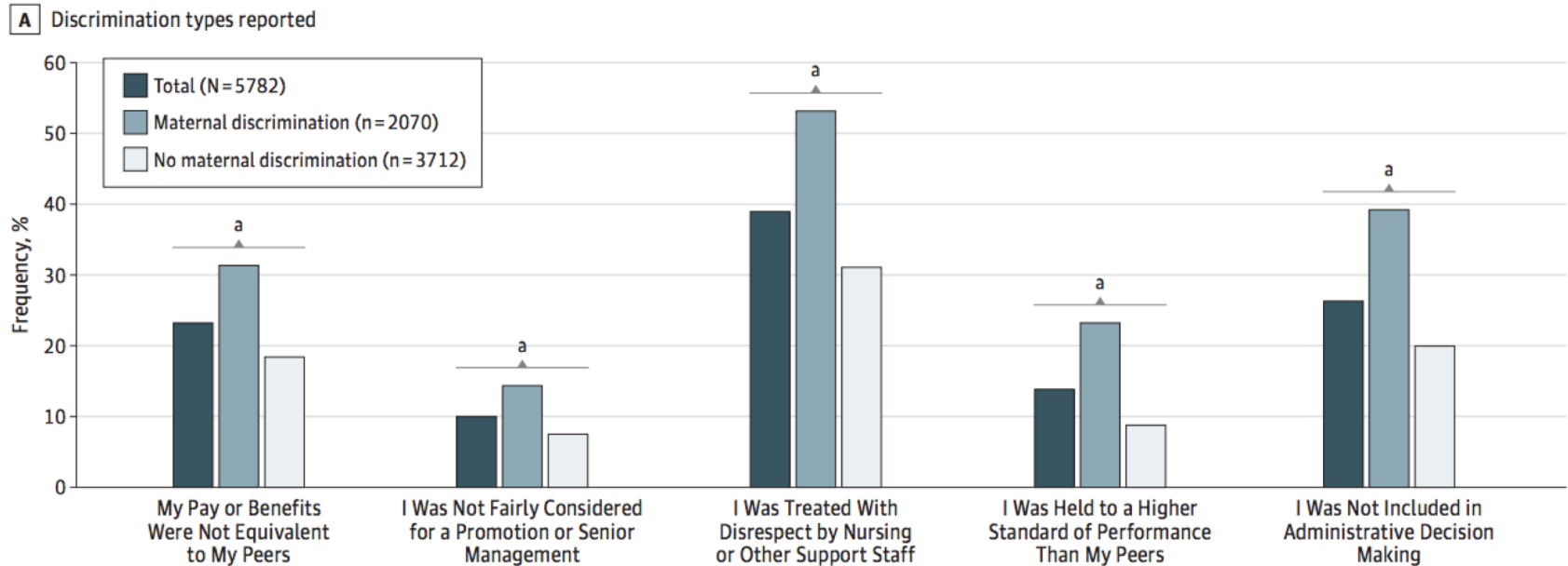
- Describe harassment and gender-based career disparities in healthcare
- Highlight the case for equity and safety
- Discuss individual & institutional solutions
- Introduce TIME'S UP Healthcare

Nearly 50% of Medical Students Experience Harassment BEFORE Starting Their Career



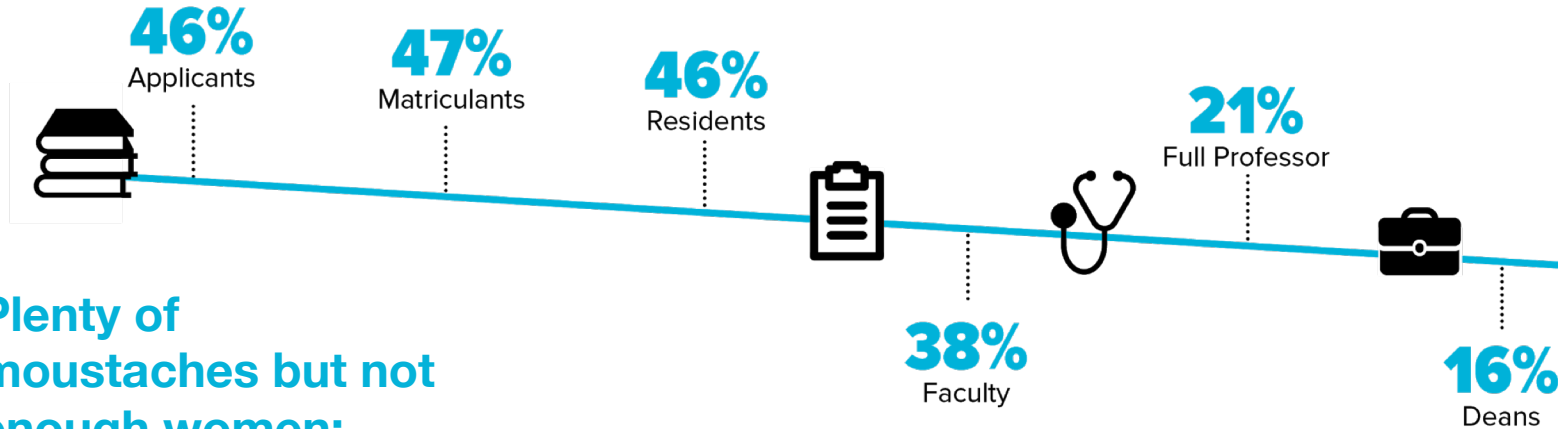
Perceived Discrimination Experienced by Physician Mothers and Desired Workplace Changes

JAMA Internal Medicine 2017; 177 (7): 1033–1036



RETENTION & PROMOTION WOMEN

Leak is much worse for racial/ethnic minorities



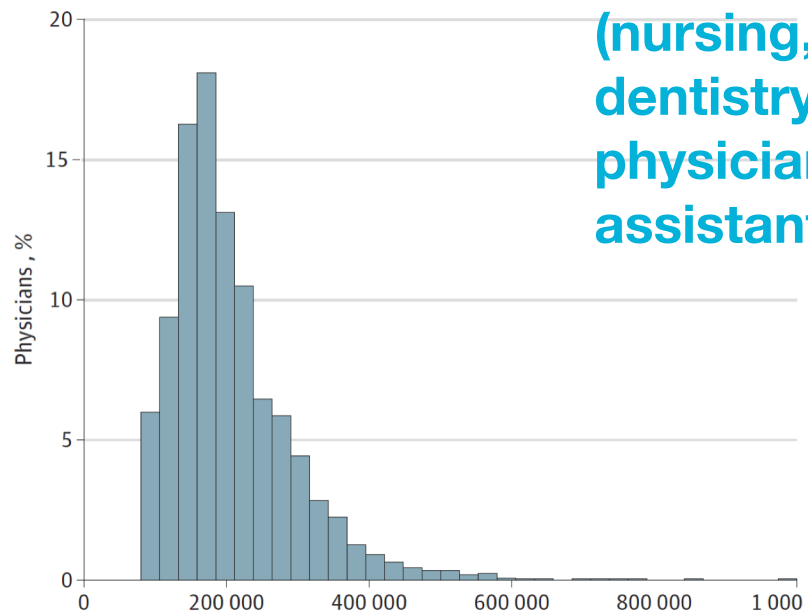
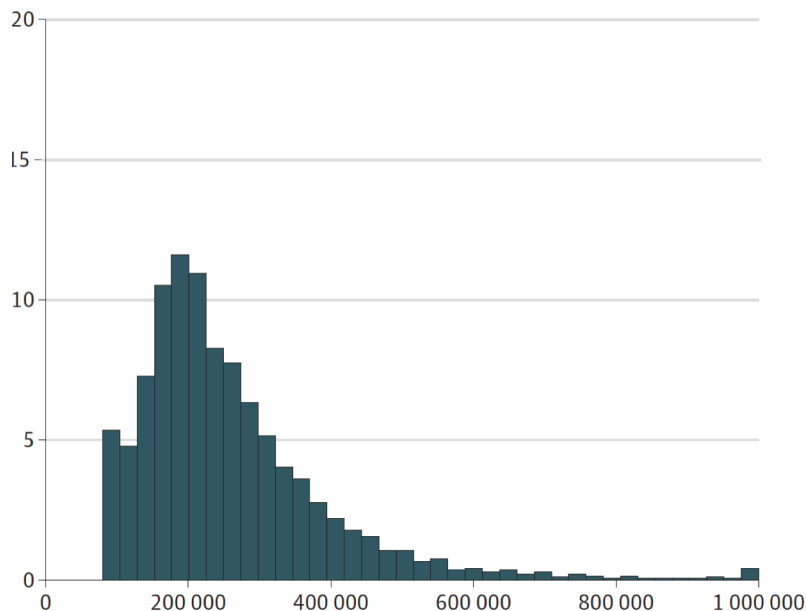
Plenty of moustaches but not enough women: cross sectional study of medical leaders.

BMJ 2015;351:h6311

COMPENSATION

Sex Differences in Physician Salary in US Public Medical Schools *JAMA Intern Med.* 2016; 176(9):1294-1304

Replicated in
other studies
across health
professions
(nursing,
dentistry,
physician
assistants)



UNEXPLAINED \$19,878 DIFFERENCE IN SALARY

THE CLINICAL CASE

JAMA Internal Medicine | [Original Investigation](#)

Comparison of Hospital Mortality and Readmission Rates for Medicare Patients Treated by Male vs Female Physicians

Yusuke Tsugawa, MD, MPH, PhD; Anupam B. Jena, MD, PhD; Jose F. Figueroa, MD, MPH; E. John Orav, PhD; Daniel M. Blumenthal, MD, MBA; Ashish K. Jha, MD, MPH

Patients treated by female physicians had *lower odds of death* and readmission compared with patients cared for by male physicians

Female patients experienced better outcomes in EDs that have a higher percentage of female physicians. This relationship was particularly true for patients treated by *male physicians*.

DONABEDIAN'S MODEL

STRUCTURE

Standardized policies, procedures, and resources to prevent and intervene in bias, discrimination and harassment

Adequate staffing to support prevention, surveillance, and investigatory activities

Adequate and safe reporting pathways

Routine education of the entire workforce

PROCESS

Process measures to ensure existing policies and procedures are implemented effectively

Root cause analysis of harassment cases

Organizational and cultural restructuring to avoid steep, vertical hierarchies

OUTCOME

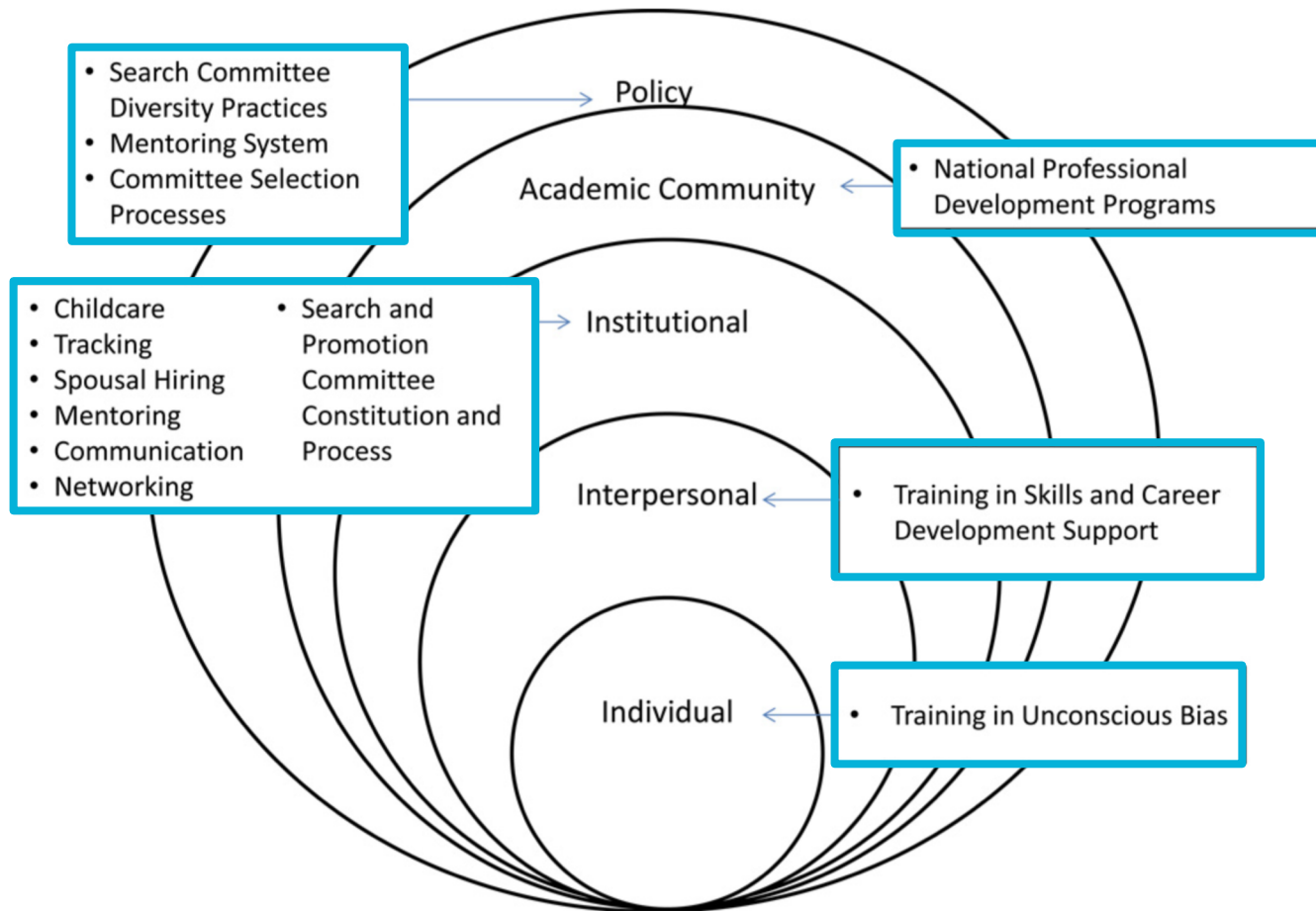
Occurrence of harassment & discrimination

Equity in compensation, promotion, leadership

Attrition rates of women and underrepresented minorities

Number of formal complaints, investigations, lawsuits

Sanctions against confirmed transgressors



DRIVERS OF CHANGE

INTERNAL

- Visible **prioritization** from highest leadership
- **Accountability** to the community
- **Targets for change** known
- **Progress shared**
- **“Champions”** of change

EXTERNAL

- **Donors**
- **Funders** of research and educational programs
- **Public and patients**
- Academic and professional **organizations**
- **TIME’S UP Healthcare**



- An initiative of the TIME'S UP Foundation, a 501(c)3 organization
- 50 founding members
- 14 advisors
- Medicine, nursing, research, healthcare administration, non-profit, and service



- Raise awareness and knowledge about inequity and harassment and their effect on healthcare
- Make equity, inclusion, and safety central, visible, and urgent priorities
- Unify efforts across healthcare organizations and disciplines
- Improve standards for institutional responses to inequity and harassment
- Provide support for moving from structures to processes to outcomes
- Support & improve protections for targets of harassment



Ways to Get Involved

- Sponsors
- Partners
- Signatories
- Allies
- Social Media

CONCLUSIONS

- This is a problem for EVERYONE in healthcare
- Each institution bears the responsibility for addressing inequity and harassment and creating a workplace that is safe, equitable, and dignified
- TIME'S UP Healthcare, along with other organizations, will support, encourage, raise standards, and shine a light on challenges and successes

TIME'STM = UP HEALTHCARE

Thank You!