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## Family and Community Medicine

### Title

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# Visitor Restriction Policy – An Example of Racism in Healthcare

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UC DAVIS  
HEALTH

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MEDICINE

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## Introduction

- UC Davis Health has a "Blackout Flag" policy (1190) that is used in trauma care settings to restrict visitors from the patient.
- The policy's intended goal is to protect patients from potential harmful visitors, especially in ongoing investigations.
- This policy may impair history taking and well-informed treatments because it restricts knowledge provided by visitors and loved ones.
- Often placed by police, this policy may be disproportionately applied to patients from marginalized backgrounds and may perpetuate medical distrust.

## Hypotheses

- Hypothesis 1: Black and Latinx males are more likely to be placed on "Blackout" status
- Hypothesis 2a: Staff will have limited knowledge of policy 1190
- Hypothesis 2b: Staff will describe "Blackout" status as having a negative effect on clinical care and patient care experience
- Hypothesis 3: Staff will share frustration about "Blackout" status largely due to its use to discriminate against marginalized communities. Staff will also describe the policy's manifestation of logistical challenges to care for all people

## Methods

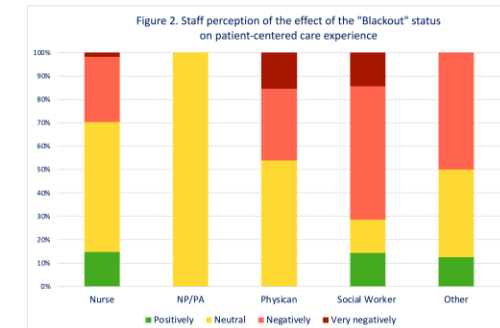
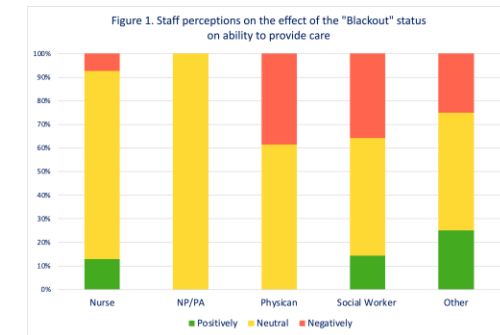
- Retrospective review of patients with "Blackout/FYI" flag placed on their chart from 2015-2020
- Excluding prisoners since the policy is applied directly in those cases
- A logistic regression was done for policy being used vs. not used
- 8-question surveys were distributed to staff throughout the hospital
- 15 qualitative interviews with staff have been conducted thus far; this is an ongoing process and results are not presented here

Table 1: Odds Ratio and Counts of Demographic Data and the Placement of Blackout

Category	Blackout Placed (Row %) N = 336	Blackout Not Placed (Row %) N = 42,146	OR (95% CI)
<b>Race</b>			
White (reference)	74 (0.38)	19,214 (99.62)	1
Black	125 (1.97)	6,235 (98.03)	<b>2.08 (1.52-2.85)</b>
American Indian / Alaskan	5 (2.00)	245 (198.00)	<b>2.72 (1.04-7.10)</b>
Asian	10 (0.41)	2,404 (99.59)	1.05 (0.54-2.06)
Hawaian / Pacific Islander	0 (0.00)	337 (100.00)	
Latinx	6 (2.31)	254 (97.69)	<b>2.75 (1.13-6.68)</b>
Other	127 (0.97)	12,908 (99.03)	<b>1.56 (1.15-2.12)</b>
<b>Mechanism</b>			
Gun Shot Wound (GSW)	137 (11.10)	479 (88.90)	<b>21.29 (15.76-30.06)</b>
Abuse	28 (7.20)	361 (92.80)	<b>19.64 (12.26-31.44)</b>
Self-Inflicted	10 (1.85)	531 (98.15)	<b>4.29 (2.18-8.43)</b>
Stabbing	23 (2.80)	799 (97.20)	<b>5.39 (3.30-8.83)</b>
U-GSW-SW	7 (1.44)	1,096 (98.56)	<b>3.37 (1.53-7.43)</b>
Assault	30 (1.26)	2,264 (98.74)	<b>2.66 (1.70-4.16)</b>
<b>Age</b>			
0-14	23 (0.31)	7,513 (99.69)	1
15-20	39 (1.13)	3,428 (98.87)	1.45 (0.84-2.51)
21-25	73 (1.92)	3,692 (98.08)	<b>2.31 (1.40-3.82)</b>
26-30	55 (1.54)	3,464 (98.46)	<b>2.08 (1.24-3.50)</b>
31-35	42 (1.45)	2,863 (98.55)	<b>1.96 (1.14-3.37)</b>
36-40	33 (1.36)	2,385 (98.64)	<b>1.99 (1.13-3.51)</b>
>40	85 (0.44)	18,883 (99.56)	1.37 (0.84-2.21)
<b>Sex</b>			
Female	87 (0.01)	16383 (0.99)	1
Male	263 (0.01)	25845 (0.99)	1.22 (0.93-1.61)

## Results

- Controlling for all other factors, people identified as the following are more likely to be placed on "Blackout" status:
  - Black, American Indian and Latinx
  - 21-40 years old
  - Gun-shot wounds, abuse, stabbing and self-inflicted
  - Male (not statistically significant)
- Staff survey:
  - 129 responses, out of which 93 report having cared for a patient placed on "Blackout" status
  - 38% of staff have read the policy, 62% have not read the policy or are not sure
- The policy is viewed more negatively than positively by staff (Figures 1 and 2)



## Conclusions

- Our study adds evidence to an ongoing body of literature describing discrimination in healthcare system
- Higher odds of GSW victim being on blackout might reveal discriminatory policing of our healthcare system
- "Other" category is statistically significant, thus people who do not self-identify "white" also experience discrimination in terms of visitation restrictions
- Staff frustration over the policy suggests need for healthcare management to act to restore hospitable workplace environments that facilitate equitable care regardless of identity

## Limitations

- Small sample size of "Blackout" flag placement
- Potential confounding by unmeasured socio-economic status variables