# Assessing Racial Bias in Pulse Oximetry Using Graded Skin Tone Scale

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# Background

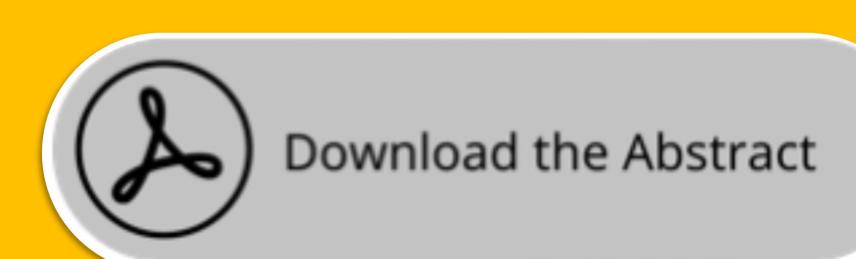
- Pulse oximetry is ubiquitously used in medicine to assess oxygenation status
- Multiple recent studies report a bias in pulse oximetry measurement between white patients and other racial/ethnic groups
- Race/ethnicity is likely not an accurate predictor of skin color
- The purpose of this study is to examine the accuracy of pulse oximetry with different skin colors using a standardized scale

# Methods

- 1 IRB approval obtained
- ABG SaO2 collected from pulmonary blood gas lab
- Patients screened for PaO2 > 125 and age < 18
- SaO2 time paired 5-minute average SpO2,
  Massey-Martin skin tone rating (MMSTS)
- SaO2 SpO2 compared between MMSTS groups using Kruskal-Wallis statistical test and Spearman Correlation

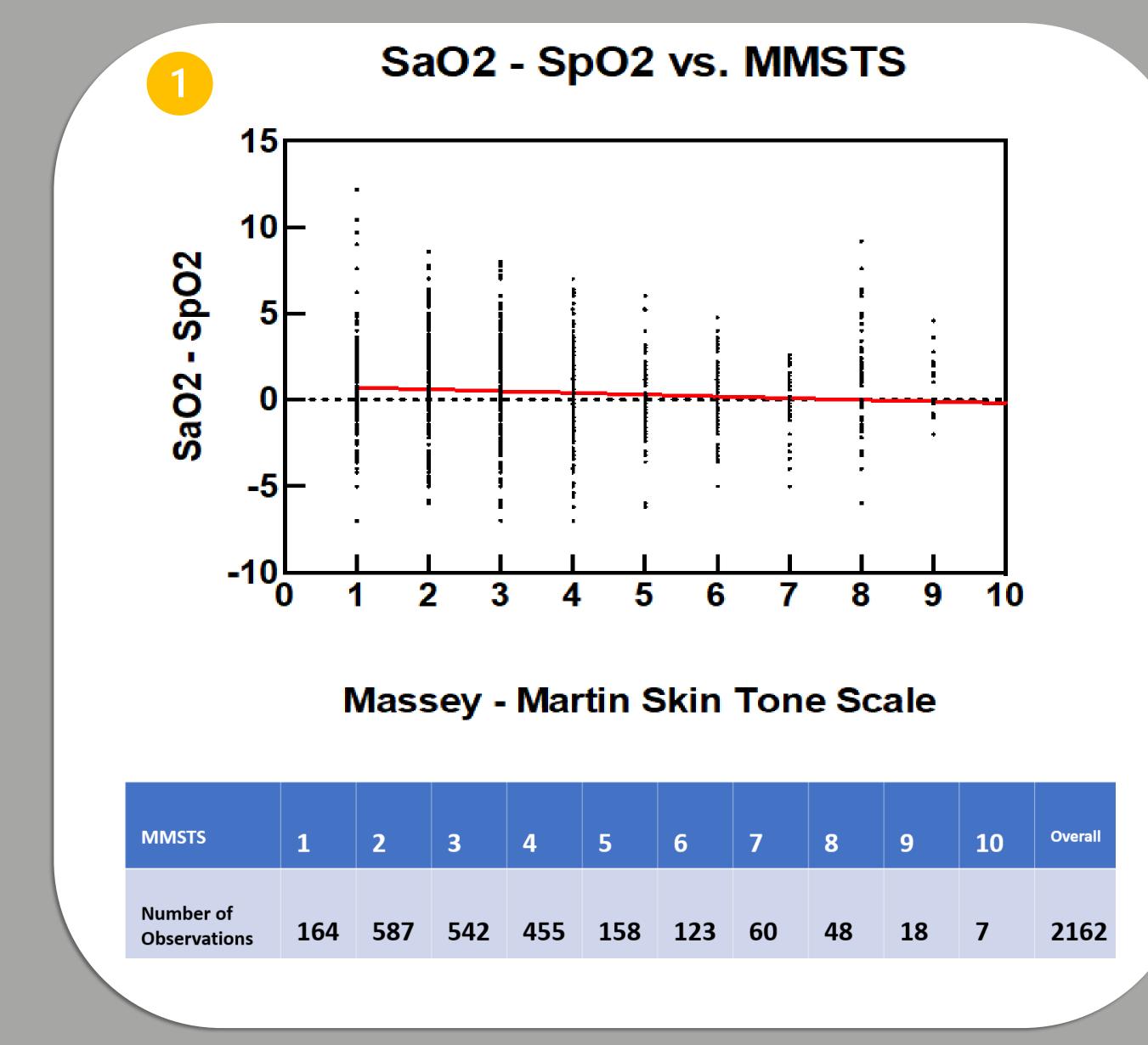
# Masimo pulse oximeter monitors appear to be accurate in different skin tones

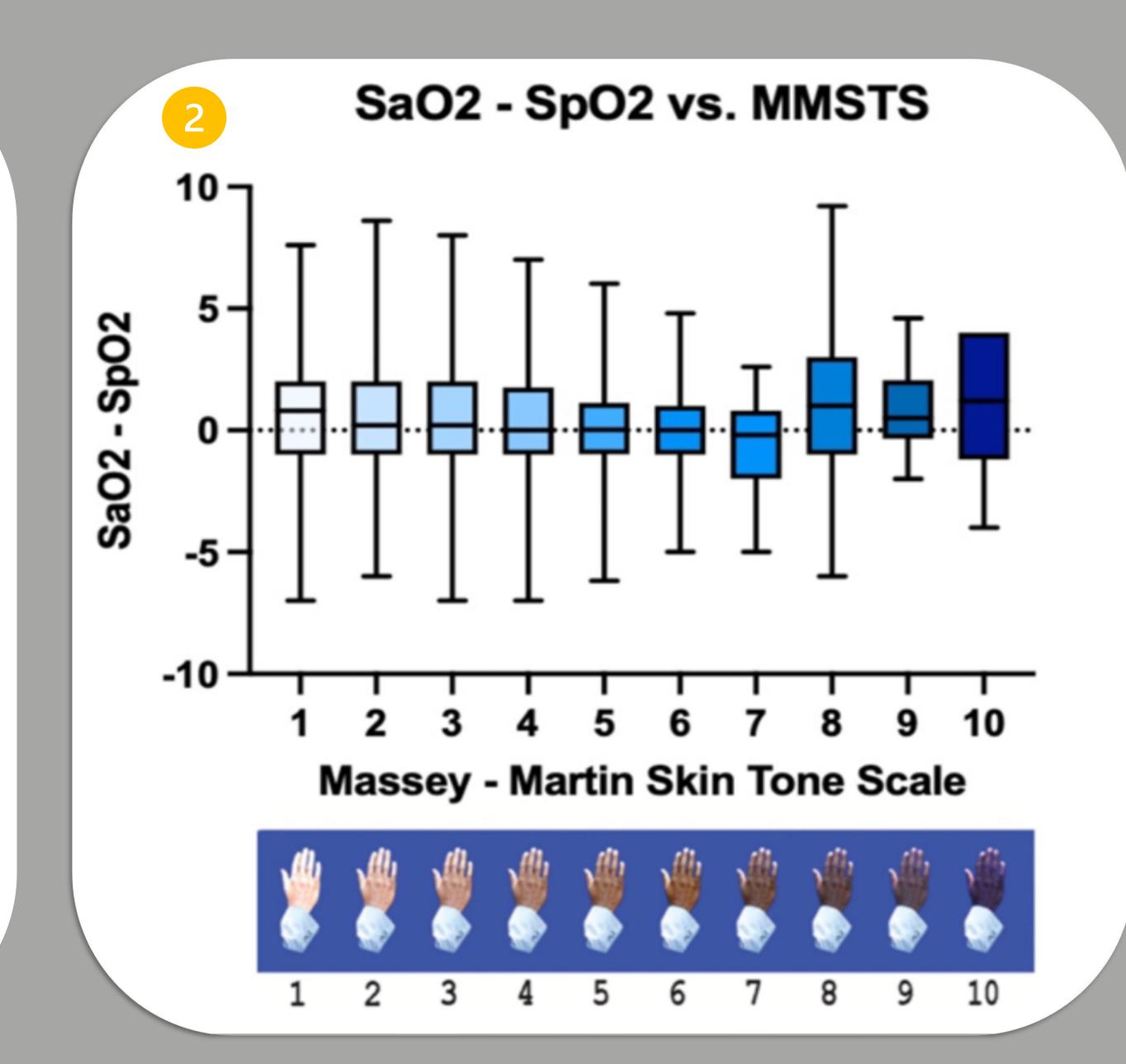




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# Results Pesults





Statistical Significance



r = -0.07967p = 0.0002

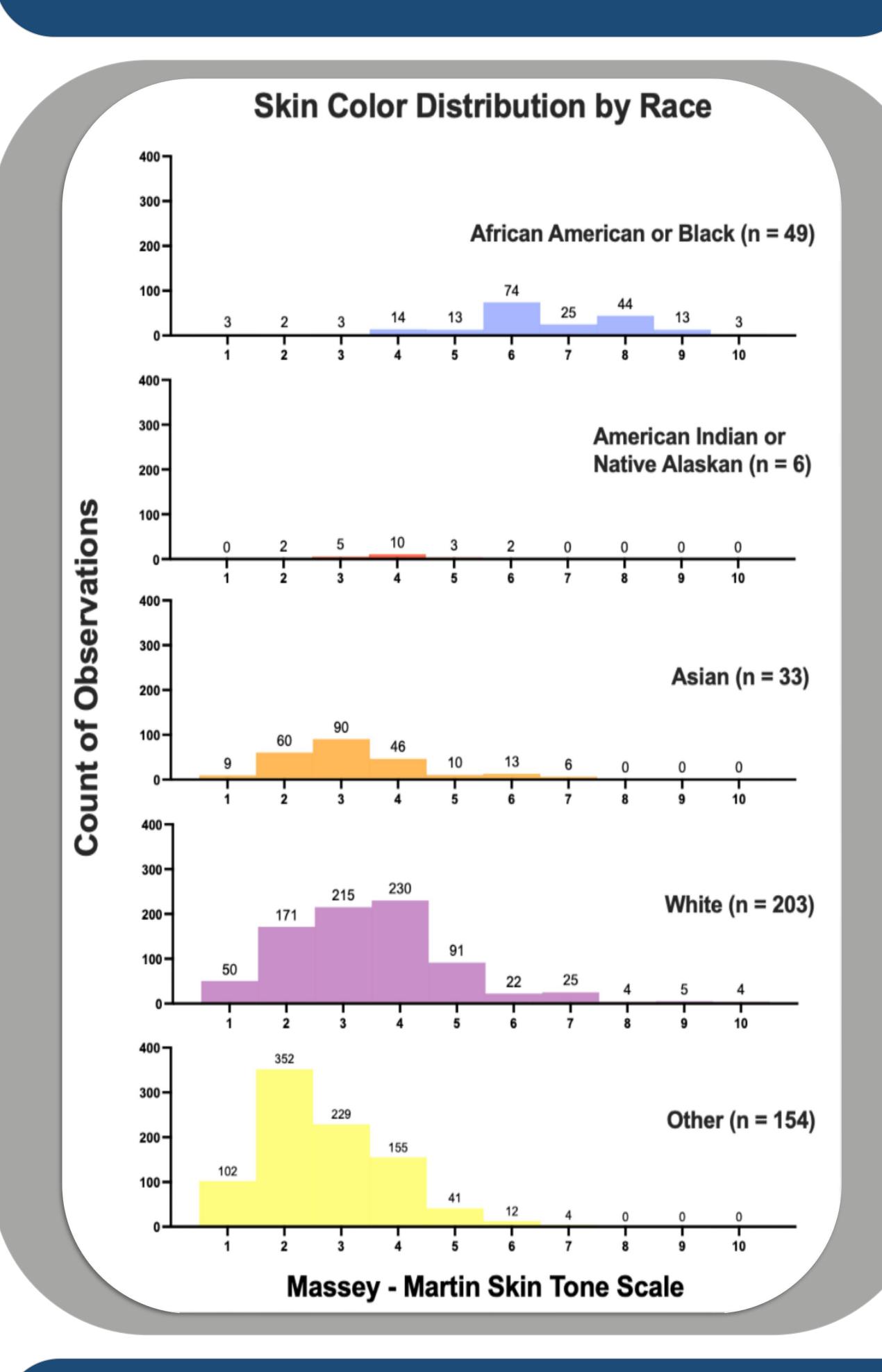


H = 29.77 p = .00005

MMSTS Groups 1 & 5 & p = 0.035 1 & 7 & p = 0.039

## Discussion

Race and ethnicity correlate poorly with skin color. Despite a statistical significance difference in  $SaO_2$  –  $SpO_2$  across all MMSTS, it is unclear if there is a clinical significance to these findings as there is no trend between  $SaO_2$  –  $SpO_2$  and MMSTS.



# Limitations

- Low amount of high Massey score patients in the UC Davis hospital population
- Study conclusions only limited to Masimo monitor and algorithms
- Next step: Extend study to capture higher Massey score and lower saturation pulse ox data observations

### References

- Sjoding et al, *N Engl J Med*. 2020;383(25):2477-2478. Fawzy. et al.. JAMA Internal Medicine
- 2022;182(7):730-7383. Massey, Douglas S., and Jennifer A. Martin. 2003.The NIS Skin Color Scale.

