

RACE, ETHNICITY AND LANGUAGE (REaL)

DATA COLLECTION AT CHILDREN'S HEALTHSM: TRANSFORMING OUR PROCESS TO MEET THE GOLD STANDARD



PROJECT GOAL

Implement and standardize a process to collect self-reported REaL data

WHY IS IT IMPORTANT?

- Helps us understand the demographics of the patients we serve
- Allows us to deliver care that is culturally effective, linguistically appropriate and equitable
- Assess, identify and mitigate/eliminate disparities

PHASE ONE: NOV. 2017

VALIDATING REaL DATA USING A PAPER TOOL

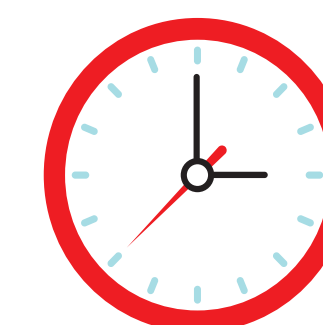


706 tools
collected in 3 clinics

Percent edited in race and ethnicity fields based on self-reported answers versus existing values in EPIC:

26.4%
change in race

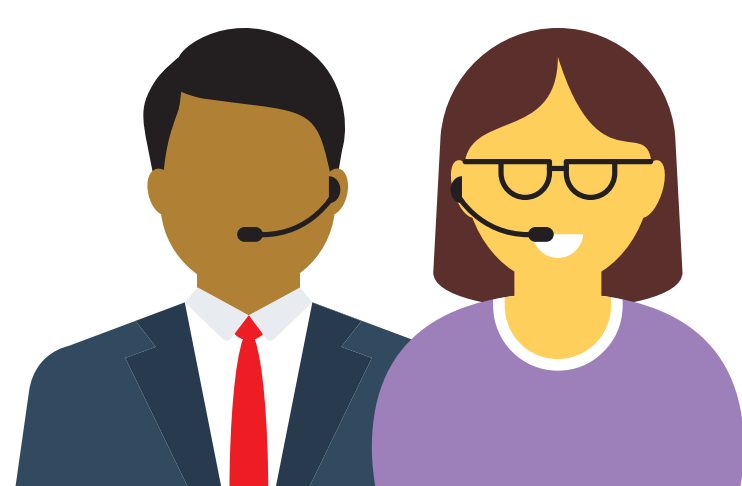
9.5%
change in ethnicity



Minimal impact to
clinic cycle time
but inefficient and difficult to scale when combined with limited electronic solutions

PHASE TWO: JAN. - NOV. 2018

STANDARDIZING REaL DATA COLLECTION DURING PHONE REGISTRATION



PHONE SCRIPT

Establish best practices and quality assurance



MODIFYING EMR WORKFLOWS

- Enable documentation within EMR to identify REaL data as self-reported
- Match phone script and registration operations with pertinent fields in EMR to ensure completeness and consistency



TRAINING

- Establish specific training for staff to understand what REaL data is and how it affects patient care
- Provide a safe space for role playing to equip staff in gathering REaL data confidently
- Standardize REaL data collection training in order to scale and ensure consistency in asking the questions and documenting the answers
- Secure ongoing support for training and development of materials