

# Self-Assessment

## Race and Ethnicity Data Collection

The following assessment will help your organization identify opportunities to better collect race and ethnicity information from your patients. Each item in this assessment is an NYC REACH-recommended best practice. Work with your team to review each best practice. If you have already fully implemented this best practice, answer “Yes”. If you have not implemented – or have only partially implemented, answer “Not Yet” and use the suggestion in the *Next Step/Resources* column to plan how you can implement this best practice.

### Section A: The Basics & Organizational Structure

#	Best Practice	Yes	Not Yet	Next Step/Resources
1	We have a committee in place that is empowered to make decisions about patient registration and demographic data collection workflows.	<input type="checkbox"/>	<input type="checkbox"/>	Identify decision makers who can champion the data collection improvement process (can be an existing committee)
2	We have a formal policy in place covering patient registration, which includes expectations for collection of demographic (race, ethnicity) data.	<input type="checkbox"/>	<input type="checkbox"/>	Create a policy or documented process or workflow document that describes your expectations for race and ethnicity (and other demographic) data collection: Who ask patients? How frequently are patients asked? Where is this documented?
3	<b>Answer if organization has multiple sites/departments; otherwise, skip:</b> All departments’ and sites’ processes for race/ethnicity data collection have been standardized	<input type="checkbox"/>	<input type="checkbox"/>	Consider standardizing this process across your sites to make it easier to manage and QA
4	We understand all reporting requirements for which we must report race and ethnicity data (e.g. CIR, SPARCS, HRSA, etc.) and have a crosswalk or inventory of race/ethnicity values that is updated periodically	<input type="checkbox"/>	<input type="checkbox"/>	Make a list of all standards you are required to use and/or map to. Create a crosswalk to determine how you will collect data that meets all requirements (for example, some agencies require you to report ethnicity as <i>Hispanic</i> or <i>Non-Hispanic</i> ; others may require more granular ethnicity information, like <i>Cuban</i> , <i>Mexican</i> , <i>Puerto Rican</i> ). How will you make sure to meet all requirements?

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### Section B: Optimize Registration Workflows, Forms, and EHR

#	Best Practice	Yes	Not Yet	Next Step/Resources
5	<b>Answer this question if you use paper registration forms; otherwise, skip:</b> Our registration forms contain <i>at least</i> OMB values for race (Black or African American, White, Asian, Native Hawaiian or Pacific Islander, American Indian or Native American) and ethnicity (Hispanic or Latino, Not Hispanic or Latino).	<input type="checkbox"/>	<input type="checkbox"/>	Update your forms to include <i>at least</i> OMB values. Include, additionally, any other answer values you need to report on, as identified in the crosswalk mentioned in question 4.
6	Our EHR contains <i>at least</i> the OMB values for race (Black or African American, White, Asian, Native Hawaiian or Pacific Islander, American Indian or Native American) and ethnicity (Hispanic or Latino, Not Hispanic or Latino).	<input type="checkbox"/>	<input type="checkbox"/>	Ensure your EHR race and ethnicity fields' answer values match those on your paper forms (Q5) and in your master crosswalk (Q4).
7	Any additional race/ethnicity values in our EHR are mapped to OMB values so they can be transmitted correctly. For example, if we have added an ethnicity value of <i>Colombian</i> , this is mapped on the back end to <i>Hispanic or Latino</i> to meet external reporting requirements.	<input type="checkbox"/>	<input type="checkbox"/>	Review your back-end EHR mapping to ensure any values you collect on the front end are mapped to the values you may need to extract from the back end.
8	Our EHR has been optimized to make data collection user-friendly (e.g. the order of questions in the EHR registration matches the order of questions on our paper forms; the order of race/ethnicity values matches the order they are in on paper forms; if we have a large number of race/ethnicity values, the most common or OMB values are at the top, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Consider updating the configuration of your EHR front-end to make it easier for your registration team. Some strategies include making common answer values appear more prominently, arranging alphabetically, etc.
9	<b>Answer this question if you use online or patient portal forms or registration; otherwise, skip to question #5.</b> Our online registration system can capture patients' self-reported race and ethnicity information, along with other registration items	<input type="checkbox"/>	<input type="checkbox"/>	If it is an option, consider making it possible for patients to enter their demographic info on your patient portal
10	We have added detailed race (e.g. <i>Haitian, Japanese</i> ) and/or detailed ethnicity (e.g. <i>Colombian, Cuban</i> ) and/or country of origin to our forms/EHR, whether in their own field or within the race/ethnicity fields	<input type="checkbox"/>	<input type="checkbox"/>	Identify, perhaps with your patient registration committee, if there are more granular values that should be collected – whether for programmatic reporting requirements or to understand particular disparities.

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#	Best Practice	Yes	Not Yet	Next Step/Resources
11	Race and ethnicity are <i>mandatory</i> fields when registering a patient in our EHR	<input type="checkbox"/>	<input type="checkbox"/>	Make these fields 'required' so staff will need to select values for race and ethnicity at time of registration. Make sure to inform your staff how to handle situations (e.g. in the ED) where it may not yet be possible to collect this information (e.g., temporarily enter a value of <i>Unable to Specify</i> )
12	We have discrete options for patients who have not answered the race or ethnicity questions, to ensure not all such patients are considered <i>unknown</i> . For example, we have separate values for <i>Prefer not to answer</i> when a patient declines, and for <i>Unable to answer</i> for a patient who is not alert/oriented at that time.	<input type="checkbox"/>	<input type="checkbox"/>	Review these answer values and consider implementing the three separate values referenced here: Unknown, Prefer not to answer, Unable to answer. Be sure to train staff on the purpose of each.
13	<b>Answer if you use multiple systems to store patient demographic information (e.g. a separate EHR and practice management/registration/billing system); otherwise, proceed to next section.</b> Are your separate patient record-keeping systems able to share race and ethnicity between systems? Are they appropriately mapped so you can be confident that the systems are in sync?	<input type="checkbox"/>	<input type="checkbox"/>	Review values in each system and mapping between systems

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### Section C: Train Staff

#	Best Practice	Yes	Not Yet	Next Step/Resources
14	All staff are trained in cultural sensitivity and health equity principles at the beginning of their employment <i>and</i> receive regular refreshers (e.g. annually)	<input type="checkbox"/>	<input type="checkbox"/>	Consider incorporating this content into your standard employee training at onboarding and annually
15	All staff that collect demographic (race, ethnicity, etc.) data have been trained on our organization's policies, best practices for collecting this information from patients, and how to answer common patient questions	<input type="checkbox"/>	<input type="checkbox"/>	Consider incorporating this content into your standard employee training at onboarding and annually
16	Staff members feel comfortable explain to patients the difference between race and ethnicity and why it is important to give this information	<input type="checkbox"/>	<input type="checkbox"/>	Provide scripts to your registration staff to help them feel comfortable answering basic questions
17	All staff members have access to our policy or a job aid including reminders about organizations processes, as well as where race and ethnicity information should be recorded in the EHR	<input type="checkbox"/>	<input type="checkbox"/>	Provide a job aid, including scripts, policy and process info, etc. to each registration staff member

### D: Ask Everyone (The Patient Perspective)

#	Best Practice	Yes	Not Yet	Next Step/Resources
18	We have one or more of the following available/displayed in our patient registration area(s): signage, brochures, flyers, palm cards explaining to patients why it is important to provide race and ethnicity information	<input type="checkbox"/>	<input type="checkbox"/>	Display or make available one or more of these patient education tools
19	All patients are asked for their race and ethnicity information at their initial patient registration (excepting trauma/other extenuating circumstances)	<input type="checkbox"/>	<input type="checkbox"/>	Update policy/process to specify timing of data collection
20	We have a process to follow up and ask patients again when their race or ethnicity values are currently marked <i>Unknown</i> or <i>Unable to Answer</i>	<input type="checkbox"/>	<input type="checkbox"/>	Update policy/process to specify timing of follow-up

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### E: Use the Data (Quality Improvement and Quality Assurance)

#	Best Practice	Yes	Not Yet	Next Step/Resources
21	We have a quality assurance process to monitor our race and ethnicity data, including at least: standard reports to measure compliance, a goal/target (e.g. 80% known values) that team members are aware of, a standing meeting or other mechanism to review performance, and a process to hold registration and other staff accountable for capturing this data and meeting targets.	<input type="checkbox"/>	<input type="checkbox"/>	Build reports to understand your current performance, set a target and make your staff aware, identify an improvement champion, engage your teams in PDSA exercises to drive improvement
23	Our current rate of capturing patient race information is over 80% (i.e. 20% or fewer have a race of 'blank' or 'unknown'), as measured by our internal QA	<input type="checkbox"/>	<input type="checkbox"/>	Monitor this regularly and complete PDSA cycles to improve performance as needed
24	Our current rate of capturing patient ethnicity information is over 80% (i.e. 20% or fewer have a race of 'blank' or 'unknown'), as measured by our internal QA process	<input type="checkbox"/>	<input type="checkbox"/>	Monitor this regularly and complete PDSA cycles to improve performance as needed
25	We routinely stratify our clinical quality measures by race and ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	As part of your quality improvement work, implement at least one stratification to identify and monitor health disparities