Health Equity Quickinar Series
Session 4
Data Collection and Validation
OBJECTIVES

• Review the United States Office of Management and Budget (OMB) categories for race and ethnicity.

• Discuss strategies and resources to assist in the collection of Race, Ethnicity, and Language (REaL) data.

• Identify the importance of validating REaL data for accuracy.
What Are REaL Data?

- REaL data are collected by hospitals for their patients.
- These data allow for improved quality of care.
- REaL data can be used for research purposes and to identify disparities.

https://www.ahrq.gov/research/findings/final-reports/iomracereport/index.html
Domain 2: Data Collection
Collecting valid and reliable demographic and social determinants of health (SDOH) data on patients served in a hospital is an important step in identifying and eliminating health disparities. Please attest that your hospital engages in the following activities. *Select all that apply (note: attestation of all elements is required in order to qualify for the measure numerator).*

1. Our hospital collects demographic information, including self-reported race and ethnicity, and/or social determinant of health information on the majority of our patients.
2. Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.
3. Our hospital inputs demographic and/or SDOH information collected from patients into structured, interoperable data elements using a certified electronic health record (EHR) technology.
Collection of REaL Data

• The gold standard is patient self-reporting of REaL data.
  – Patients should be given opportunity to disclose their own race, ethnicity, and preferred language.
  – Staff should not attempt to guess if patients do not disclose information.

• Multiple collection methods can be used.
  – Paper forms, tablets, kiosks, or verbal discussion with patients are options.
  – The methods used depends on your facility and patient population.
Collection of REaL Data (cont.)

- REaL data can be collected by different staff members.
  - Registration staff or clinical staff, such as medical assistants or nurses, can collect REaL data.
  - Best options can be dependent on staffing levels.

- Hospitals have multiple options for time of collection.
  - Over the phone when an appointment is made, at time of check-in, or during pre-exam.
What REaL Data Should We Collect?

Race and ethnicity data elements should, at minimum, align with the OMB categories.

• Racial categories
  – American Indian or Alaska Native
  – Asian
  – Black or African American
  – Native Hawaiian or Other Pacific Islander
  – White

• Ethnic categories
  – Hispanic or Latino
  – Non-Hispanic or Latino

http://www.hpoe.org/Reports-HPOE/Equity_Care_Report_August2013.PDF
Language elements should include varying degrees of spoken English proficiency.

- Categories include:
  - Very well
  - Well
  - Not well
  - Not at all

- Limited English proficiency is defined as less than “very well.”
The Institute of Medicine (IOM) recommends more granular ethnicity and language categories than the minimum.

– IOM includes over 500 categories for ethnicity and 600 for language.
– Hospitals should include choices based on their local community.
– Census and survey data and input from community organizations can guide hospitals in their choices.
Culturally Sensitive Data Collection

- Patients can be hesitant or have difficulty sharing information.
  - May not understand purpose of REaL data collection.
  - May lack trust in hospitals.
  - Patients with low literacy or intellectual disabilities may be unable to share the information themselves.

- Staff should be trained to collect data in a sensitive, culturally competent manner.
  - HSAG HQIC’s health equity quickinar session #7 will focus on culturally competent data collection.
Why Collect REaL Data? Handout

HSAG’s Patient and Family Advisory Council (PFAC) developed an FAQ handout for patient education about collection of REaL data.

www.hsag.com/hqic/tools-resources/pfe-health-equity
EHR for REaL Data

• Subdomain 3 requires demographic/SDOH data to be input into a certified EHR.
  – REaL data collected on patients should be included in their medical records.
  – Where appropriate, Z codes can be used for documenting social needs in the medical records.

• Documentation of REaL/SDOH data in the EHR supports quality improvement.
  – Allows for data to be stratified.
  – Contributes to identification of hospital-level disparities.
REaL Data Validation

- Valid and reliable data are essential for quality improvement.
- REaL data should be assessed for quality and accuracy.
  - Examples of REaL data validation include:
    - Validation sampling.
    - Observation of patients and staff.
    - Checking alignment of REaL data categories when switching EHR systems.
    - Comparison of patient demographic data to community demographic data.
Key Concepts

• REaL data are essential for identifying disparities and improving quality of care.
• Hospitals should use patient self-reporting for collection of REaL data.
• REaL data should align with OMB categories and should be collected in a culturally sensitive manner.
• REaL and SDOH data should be documented in the medical record and should be validated to ensure quality of the data.
Join Us for the Entire Health Equity Quickinar Series: 2nd and 4th Thursdays

Recordings, slides, and resource links are posted for on-demand access after every session.

5. Social Determinants and Social Drivers of Health

Thursday, March 9, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT

Objectives:
- Identify the difference between social drivers and social determinants of health.
- Review screen strategies for data collection.
- Discuss interventions designed to address disparities related to social drivers.

1. Health Equity, Hospitals, and CMS Reporting
2. Engaging Leadership in Health Equity
3. Health Equity as a Strategic Priority
4. Collection and Validating REAL Data
5. Social Determinants and Social Drivers of Health
6. Screening for Social Drivers
7. Culturally Competent Data Training
8. Analysis and Stratification of Health Equity Data
9. Health Equity Interventions
10. Best Practices In Health Equity Interventions
11. Community Paramedicine
12. Identifying Community Health Disparities
13. Community Engagement—Health Equity
Check out the Patient and Family Engagement (PFE) Quickinars: 1st and 3rd Thursdays

Recordings, slides, and resource links are posted for on-demand access after every session.

### 3. Preparing for PFE Programs

Preparing for Patient and Family Engagement Programs

*Thursday, March 2, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT*

**Objectives:**
- Identify strategies, tools, and resources to engage leadership and promote buy-in.
- Discuss how PFE benefits your hospital and improves satisfaction scores.
- Review strategies to prepare and train staff and clinicians for PFE.

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[www.hsag.com/pfe-quickinars](http://www.hsag.com/pfe-quickinars)
Thank you!

Questions: hospitalquality@hsag.com