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

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

PHONE SCRIPT
Establish best practices and quality assurance

PHASE ONE: NOV. 2017

PHASE TWO: JAN. - NOV. 2018

STANDARDIZING REaL DATA COLLECTION DURING PHONE REGISTRATION

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

EPIC
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