

WHAT IS REaL DATA?

Race Ethnicity and Language preferred for medical encounters

Race, ethnicity and Language (REaL) data allows hospital and health systems the ability to*:

- Capture information on a patient's race, ethnicity and language preferences
- Apply culturally competent care that does not vary with a patient's race, ethnicity or language
- Understand clinically relevant and unique aspects of their patient and communities
- Monitor and address equity in care

National efforts to improve collection of REaL data to provide safe, accessible, and effective, quality healthcare are underway.

MOQC is dedicated to identifying and targeting these disparities.

Collecting REaL data will help us gain a deeper understanding of health disparities and develop patient-centered quality improvement plans to advance health equity.

*https://www.aha.org/system/files/media/file/2020/06/ifdhe_real_data_resource.pdf

RECOMMENDATIONS/PROTOCOL

WHO: REaL data should be collected for all of our patients.

WHAT: Patients should be asked about their race, ethnicity, and preferred language in an open-ended way.

WHEN: REaL data should be collected as part of intake for new patients. If missing at the time of intake, the data should be collected at a later time.

WHERE: All patient information collected is confidential and protected by the HIPAA law.

Using paper forms, kiosks, and electronic devices allow for patient privacy and eliminates the need for staff to transcribe data into the electronic medical record. If asked in person, the patient should be asked in a private setting.

Collecting preferred language data over the phone when a patient is scheduling an appointment can help in planning for interpretation services.

HOW: The importance of collecting REaL data should be relayed to patients. Practices should assess who is a trusted source of information to talk to patients about REaL data.

EXAMPLE LANGUAGE FOR SCRIPT DEVELOPMENT

“We want to make sure that all our patients get the best care possible. We would like you to tell us your racial/ethnic background so that we can review the treatment that all patients receive and make sure that everyone gets the highest quality of care. I would like you to describe your race or ethnic background. You can use specific terms such as Korean, Haitian, Somali, etc...”

AHA DISPARITIES — How to Ask the Questions
<https://ifdhe.aha.org/hretdisparities/how-to-ask-the-questions>

“The only people who see this information are registration staff, administrators for the hospital, and the people involved in quality improvement

and oversight, and the confidentiality of what you say is protected by law.”

AHA DISPARITIES TOOLKIT — Staff Training
<https://ifdhe.aha.org/hretdisparities/staff-training>

“We want to provide care based on patient needs. We don’t want to make any assumptions about patient needs or who our patients are. Having this information gives us an idea of who visits our hospital. In some cases, depending on the patient and the situation, knowing this information means providing better care.”

TORONTO HEALTH EQUITY
<http://torontohealthequity.ca/wp-content/uploads/2017/05/Staff-Script-Hospitals.pdf>

Additional Resources: <https://www.moqc.org/resources/realdata/>