Section IV.

Registration/Admission Supervisors and Staff: The Nuts and Bolts
Registration/Admission Supervisors and Staff

About this Section

Registration and Admission staff are key to collecting accurate data. Patient registration/admission staff are often the first point of contact for many patients, and they are responsible for collecting information directly from patients or caregivers. The goal of this section is to provide guidance on staff training which focuses on the reasons for collecting this information, how to ask patients and address their concerns, so that staff feel comfortable asking for this information and patients respond positively as well.

Tools in this Section

- Why Should Hospitals Collect Patient Race and Ethnicity Data
- Frequently Asked Questions for Patients
- Patient Race and Ethnicity Questionnaire
- Definitions of Race and Ethnicity
- Scripts for Collecting Race and Ethnicity
- Answers to Questions Patients Might Ask
- Frequently Asked Questions Standardizing the Collection of Race and Ethnicity Data
- Reporting Race and Ethnicity in SPARCS for Newborn Infants
- Training Role Plays
- Training Resources
A. Staff Training

To ensure that data are collected accurately and consistently, organizations need to invest in training staff. Staff should be partners in this process. The training should provide information about why it is important to collect these data, how to collect data, how data will be used and how to answer questions or address concerns from patients. Patient registration/admission staff are often the first point of contact for many patients, and they are responsible for collecting information directly from patients or caregivers. Registration staff have expressed concern that asking patients to provide information about their race and ethnicity and other potentially sensitive information may alienate them. Research and field work have shown that when registration staff are partners in the process and receive training which focuses on providing them with information regarding the reasons for collecting this information, how to ask patients and address their concerns, registration staff feel more comfortable asking for this information and patients respond positively as well.

*Tools and resources for staff training are provided in the Tools Resources Section of this document.*

B. Separating Race and Ethnicity

The Patient Protection Affordable Care Act (PPACA) revised standards includes separate questions to assess race and ethnicity. The PPACA recommends first asking questions about ethnicity.

NYS uses the U.S. Centers for Disease Control and Prevention (CDC) Race and Ethnicity code set, version 1.0. The CDC has prepared a code set for use in coding race and ethnicity data. Hospitals are encouraged to track more detailed data (granular sub-categories); these subcategories must roll up into the following categories for reporting http://www.health.ny.gov/statistics/sparcs/sysdoc/apprr.htm
C. Why Ask Race and Ethnicity Data

A clear understanding of why it is important to collect race and ethnicity data is needed for staff of health care organizations to buy into the process. While most health care professionals and hospitals strive to provide the same level of quality of care to all patients, evidence shows this may not be the case. Research highlights racial/ethnic disparities in care across a wide range of institutions, geographic regions and services. The bottom line is that if you haven’t looked at your quality data stratified by race and ethnicity, you can’t assume that you don’t have disparities.

Another key point is that treating everyone the same may not be enough. Patients may respond differently when presented with the same information from a clinician. Ensuring the highest quality of care possible to all patients requires understanding and adapting care to the patient’s unique needs and perspectives, which are often influenced by their social and cultural backgrounds. Only then can high-quality care be achieved in a patient-centered manner.

Valid and reliable data are fundamental building blocks for identifying differences in care and developing targeted interventions to improve the quality of care delivered to specific populations.

D. Strategies for Success

Given the sensitive nature of soliciting race and ethnicity information, health care organizations may want to develop a protocol for how to collect the data. Training sessions can help staff become familiar with the protocol and comfortable with its implementation. Periodic trainings may be necessary because research on how best to collect and use race and ethnicity data is constantly evolving based on advances in health IT, the changing demographics of the United States and how individuals self-identify.

*Tools for staff training and patient information resources are provided in the tools section of this document.*
E. Prepare to Collect the Data

Define a preferred method for collecting race and ethnicity data based on your current registration process. Based on your registration process define one of two methods for collecting the data:

**Verbal Data Collection** – staff verbally ask each patient his/her race and ethnicity and then directly enters responses into the electronic medical record system.

**Paper Data Collection** – each patient indicates his/her race and ethnicity when completing other registration paper work. Data are then entered into the electronic medical record system.

F. Who Provides the Data

Ask patients (or those who care for them) to identify the patient’s race or ethnicity (self-report) rather than inferring from observation or from name.

“We want to make sure that we identify and address each patients needs and ensure that all our patients get the best care possible. We’re going to ask you some questions about yourself such as: your name, your age, your address, your gender, your race, and your ethnicity. We’ll keep this information confidential and will update it in your medical record. This information will not be used for immigration purposes or reported to the authorities. The only people who see this information will be members of your care team and others who are authorized to see your medical record.”

*See the Tools and Resources Section for Patient Demographic Questionnaire*
G. Introducing the Topics

Although some people may have concerns about how race and ethnicity data may be used, most individuals are willing to provide their demographic information. Research has demonstrated that nearly 80 percent of patients strongly agree or somewhat agree that health care providers should collect information about their patients’ race and ethnicity, and nearly 97 percent feel it is important for hospitals and clinics to gather race and ethnicity data to ensure that all patients receive high-quality care. To ease any uncertainties that patients may feel, however, providers should share why the data are being collected prior to asking about race and ethnicity. One study revealed that of participants who originally were uncomfortable reporting their race and ethnicity, 25 percent said the explanation about how the information would be used to monitor quality of care made them somewhat more comfortable and 26 percent said the explanation made them much more comfortable.  


H. Scripts

Although it is not necessary to have lengthy scripts, it is important to clearly communicate why you are asking patients to provide information about their race and ethnicity. Depending on what type of resources you have available, a script can be read directly from the computer screen or you can simply have it written on a laminated card to keep at your station. You will need to work with IT staff to ensure it is incorporated on the registration screen if you decide to go this route remember to ask the patient or designated caregiver to self-identify their race and ethnic background:

“We want to make sure that we identify and address each patient’s needs and ensure that all our patients get the best care possible. We’re going to ask you some questions about yourself such as: your name, your age, your address, your gender, your race, and your ethnicity. We’ll keep this information confidential and will update it in your medical record. This information will not be used for immigration purposes or reported to the authorities. The only people who see this information will be members of your care team and others who are authorized to see your medical record.”

When asking for race and ethnicity, be sure to ask ethnicity first then race.

“Are you Hispanic, Latino/a, or Spanish Origin?” Then ask, "What is your race?"
I. Addressing Concerns from Patients

Researchers have found that when you explain why you are asking people to report their race and ethnicity and do so in a nonthreatening and polite manner, resistance to providing this information is minimized. There may be individuals who do not understand the question or do not want to respond to it. It is very important to remember that if someone does not want to answer these questions, there is the option to record “Unknown” for ethnicity and “Other” for race.

J. Informing the Community

It is important to inform the community that information is collected during the registration process on patient demographics such as: age, gender, race and ethnicity. This information helps to address and assure that all patients have the best care possible, although we share similarities, our racial and ethnic backgrounds may place us at differing risks for some diseases. By knowing this information the healthcare team can work to reduce these risks by making sure that everyone gets appropriate and high quality health care. Steps to inform the community can include your hospital newsletter, community meetings, email, and other available venues at your disposal. You may also want to display a poster or provide an informational flyer that registration staff can hand out to patients during registration.

We have developed flyer and poster tools to use and display in registration areas, waiting areas, cafeterias, and elsewhere in your hospital to let patients know that they will be asked about their race and ethnicity during registration. These tools are available in seven different languages. The flyer and poster files are available from http://improvepatientdatanys.org/

Section IV
Tools/Resources Section
Section IV: Tools/Resources Section

Why Hospitals Should Collect Demographic Data

Target Audience:  Admissions/registrations clerks and front-line personnel

Purpose:  This document outlines the purposes of collecting patient demographic data and highlights the important role that front-line registration staff have in collecting complete, high quality information from patients.

“As a front-line hospital admissions/registration staff, you are vital to the patient experience and in helping the hospital better serve patients and the community. One of the key responsibilities you have is to accurately collect each patient’s personal information, including the patient’s race and ethnicity. Collecting this information is part of the process by which our hospital staff can identify and address unique patient needs. Patients are more likely to share personal information when asked by respectful, knowledgeable staff, and our hospital is better able to serve its patients when this information is collected for everyone in a consistent manner.

Information that you help collect during the registration process on patient demographic data such as: age, gender, race and ethnicity; becomes a part of the patient’s medical record. This information helps the care team communicate effectively with patients, as well as understand a patient’s culture, which may affect their health. By knowing more about the patients that we serve, our hospital will be better able to deliver services.

Because race and ethnicity affect patients’ health and healthcare, it is critical to collect this information. You, our front line staff, play a key role in this process.”
Target Audience: Patients

Purpose: This document provides answers to questions that are frequently asked by patients during the admission/registration process. Hospitals can attach this list of questions and answers to registration forms that patients fill out themselves and may also choose to post this document in the registration area.
Section IV: Tools/Resources Section

Frequently Asked Questions for Patients

Q: What do my race and ethnicity have to do with my health?
A: Although all people share similarities, our racial and ethnic backgrounds may place us at differing risks for some diseases. We can work to reduce these risks by making sure that everyone gets appropriate and high quality health care.

Q: Why am I being asked these questions?
A: To provide better health services and outcomes, hospitals need some basic information from patients; this includes address, age, gender, race and ethnicity. Improved collection of this information will allow hospitals and facilities to gain a better understanding of the patients and communities they serve and address the differences in health outcomes they may face.

Q: Why am I being asked my race and ethnicity?
A: Improving the quality and completeness of race and ethnicity data helps to better identify healthcare gaps and inform programs and policies to improve the health of all New Yorkers.

Q: What will my information be used for?
A: Information you give us will help us improve the health services and programs provided to our patients.

Q: Who will see my information?
A: Your information is kept private and confidential and is protected by law. The only people who will see your information are members of your care team and others who are authorized to see your medical record.

Q: Who are you collecting this information from?
A: We are collecting this information from all our patients.

Q: What if I don’t want to answer these questions?
A: It is perfectly alright if you do not want to answer some or all of the questions. However, this information does help our hospital provide better care. Regardless of whether you answer these questions, we will provide you care.

Q: What if I identify with more than one race?
A: You can check off all the races to which you identify.

Q: What if identify with more than one ethnicity?
A: You can check off all ethnicities to which you identify.
Q: Who can I ask questions about this?

A: The hospital registration staff and their supervisors are happy to answer any questions that you may have about why you are being asked about your race and ethnicity.

Q: What if I don’t know my race or ethnicity?

A: If you don’t know your race or ethnicity, you can leave these questions blank.
Example Patient Race and Ethnicity Questionnaire

Target Audience:
Hospital admissions/registration staff

Purpose:
This sample questionnaire, to be administered by hospital or clinic personnel, asks patients to provide information on their race and ethnicity. A script is provided for staff to use to help introduce the questions that follow.

Race and Ethnicity Standards and Implementation Guidelines

Instructions for Use:

Following are:

- Patient Race and Ethnicity Questionnaire
- Ethnicity and Race Tables
- Definitions for Race and Ethnicity Categories

The definitions for race and ethnicity are for hospital personnel and patients to clarify the race and ethnicity categories.

The sample questionnaire was designed to follow the most current recommendations regarding accurate self-reported patient race and ethnicity data as set forth by the Institute of Medicine (IOM), while maintaining categories and rules for rolling up categories that are consistent with current state reporting requirements.

The questionnaire can be administered in-person or over the phone by hospital or clinic personnel.
Section IV: Tools/Resources Section

Patient Race and Ethnicity Questionnaire

“We want to make sure that we identify and address each patient’s needs and ensure that all patients get the best care possible. We’re going to ask you some questions so that we can provide our patients with appropriate and high quality care.

We will keep this information confidential and will update it in your medical record. The information you share will not be used to identify or determine your immigration status, and will not be reported to the authorities. You may choose not to answer any question(s).

You have been provided a list of Frequently Asked Questions and Definitions to help answer questions that you may have about this form, but our registration staff members are also happy to answer your questions.

1. Ethnicity

Are you Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected)

☐ Mexican  ☐ Mexican American  ☐ Chicano/a
☐ Puerto Rican  ☐ Cuban  ☐ Unknown
☐ Another Hispanic, Latino/a, or Spanish Origin (Please Choose from the list in Table One)

☐ Not of Hispanic, Latino/a, or Spanish origin

2. Race

What is your race? (One or more categories may be selected)

☐ American Indian or Alaska Native  ☐ White
☐ Black or African American  ☐ Other Race

☐ Asian Indian  ☐ Native Hawaiian
☐ Chinese  ☐ Guamanian or Chamorro
☐ Filipino  ☐ Samoan
☐ Japanese  ☐ Other Pacific Islander (Please Choose from the List In Table Three)
☐ Korean
☐ Vietnamese
☐ Other Asian (Please Choose From the List In Table Two)

________________________________________________________________________
### Other Ethnicity Table

**Table One: Other Hispanic, Latino/a, or Spanish Origin**

<table>
<thead>
<tr>
<th>Other Ethnicity</th>
<th>La Raza</th>
<th>South American</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Argentinean</td>
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<tr>
<td>Andalusian</td>
<td>Central American</td>
<td>Bolivian</td>
</tr>
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<td>Chilean</td>
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<tr>
<td>Spanish Basque</td>
<td>Canal Zone</td>
<td>South American</td>
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**Table Two: Other Asian**

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<td>Fijian</td>
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<td>Iwo Jiman</td>
<td>New Hebrides</td>
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<td>Hmong</td>
<td>Maldivian</td>
<td>Other Pacific Islander</td>
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<td>Indonesian</td>
<td>Nepalese</td>
<td>Other Micronesian</td>
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<td>Loation</td>
<td>Singaporean</td>
<td>Polynesian</td>
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<tr>
<td>Malaysian</td>
<td>Maldivian</td>
<td>Mariana Islander</td>
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</table>

**Table Three: Other Pacific Islander**

<table>
<thead>
<tr>
<th>Other Ethnicity</th>
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<tbody>
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<td>Tahitian</td>
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<td>Other Micronesian</td>
<td>Other Micronesian</td>
</tr>
</tbody>
</table>
Definitions of Race and Ethnicity

**Ethnicity**

**Hispanic or Latino:** refers to a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.

**Unknown:** Select this category if the patient is unable to physically respond, there is no available family member or caregiver to respond for the patient, or if for any reason, the demographic portion of the medical record cannot be completed.

**Race**

**Black or African American** refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicated their race(s) as “Black, African American, or Negro” or reported entries such as African American, Kenyan, Nigerian, or Haitian.

**White** refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicated their race(s) as “White” or reported entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.

**Asian** refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes people who indicated their race(s) as “Asian” or reported entries such as “Asian Indian,” “Chinese,” “Filipino,” “Korean,” “Japanese,” “Vietnamese,” and “Other Asian” or provided other detailed Asian responses.

**American Indian/Alaska Native** refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicated their race(s) as “American Indian or Alaska Native” or reported their enrolled or principal tribe, such as Navajo, Blackfeet, Inupiat, Yup’ik, or Central American Indian groups or South American Indian groups.

**Native Hawaiian/Other Pacific Islander** refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicated their race(s) as “Pacific Islander” or reported entries such as “Native Hawaiian,” “Guamanian or Chamorro,” “Samoan,” and “Other Pacific Islander” or provided other detailed Pacific Islander responses.

**Other Race** includes all other responses not included in the White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander race categories described above or the lists provided.
Scripts for Collecting Race and Ethnicity

Target Audience: Hospital admissions/registration staff

(Administered in person or over the phone)

Purpose: This script is for hospital registration staff to use in asking a patient questions on his/her demographics. The script explains to the patient the importance of self-identification, the purpose of collecting this information, and ensures their confidentiality.

Self-identification is the preferred means of obtaining information about an individual’s race and ethnicity. The surveyor should not tell an individual who he or she is, or specify how an individual should classify himself or herself.

Please note: To provide flexibility and ensure data quality, separate questions for race and ethnicity should be used. Specifically, when self-reporting or other self-identification approaches are used, ethnicity should be asked first, and then race.

Keep it simple.

“We want to make sure that we identify and address each patient’s needs and ensure that all our patients get the best care possible. We’re going to ask you some questions about yourself such as: your name, your age, your address, your gender, your race, and your ethnicity. We’ll keep this information confidential and will update it in your medical record. This information will not be used for immigration purposes or reported to the authorities. The only people who see this information will be members of your care team and others who are authorized to see your medical record.”

Answers to Questions Patients Might Ask

Target Audience: Hospital admissions/registration staff

Purpose: This document provides answers to questions that are frequently asked by patients during the admission/registration process.

Q: What do my race and ethnicity have to do with my health?

A: Although we share similarities, our racial and ethnic backgrounds may place us at differing risks for some diseases. We can work to reduce these risks by making sure that everyone gets appropriate and high quality health care.

Q: Why am I being asked these questions?

A: We are collecting race and ethnicity information from all of our patients to help us get to know them better. By knowing more about your racial and ethnic background, we can get a better idea of health risks you may have and better meet your health needs.

Q: What will my information be used for?

A: Information you give us on your race and ethnicity will help us provide better services and programs to everyone.

Q: Who will see my information?

A: Your information is kept private and confidential and is protected by law (Health Insurance Portability and Accountability Act HIPAA 1996). The only people who will see your information are members of your health care team and others who are authorized to see your medical record.

Q: Who are you collecting this information from?

A: We are collecting this information from all our patients.

Q: What if I don’t want to answer these questions?

A: It is perfectly alright if you do not want to answer some or all of the questions. However, this information does help our hospital provide better care. Regardless of whether you answer these questions, we will provide you care.
Q: What do you care? We’re all humans.
A: Information about your race and ethnicity helps us make sure we provide the highest quality of care for all patients. Studies show that our racial and ethnic backgrounds may place us at different risks for certain diseases. By knowing more about your racial and ethnic background, we can get a better idea of health risks you may have and better meet your health needs.

Q: Can’t you tell by looking at me?
A: Every person is different, so we do not make any assumptions based on how a person looks.

Q: I was born in _____ country, but I’ve lived here all my life. What should I choose?
A: It is really up to you. You can choose any term that you are most comfortable with.

Q: Are you trying to find out if I am a U.S. citizen?
A: No, definitely not. This information is confidential and used only to improve health care. No questions regarding citizenship or documentation are asked.

Q: Isn’t that an illegal question to ask?
A: No, it is not illegal to ask. Collecting and reporting race and ethnicity are legal under the federal Civil Rights Act of 1964. However, you may choose not to answer any question.

Q: What if I belong to more than one ethnicity?
A: You can check off all the ethnicities to which you belong.

Q: What if I belong to more than one race?
A: You can check off all the races to which you belong.

Q: What if I don’t know my race or ethnicity?
A: If you don’t know your race or ethnicity, you can leave these questions blank.

*Note for staff: If the patient does not self-identify with any of the race or ethnicity categories, registration staff may provide an explanation of the categories as needed to provide the patient with more information, however, staff should not pressure the patient to make a selection if the patient does not choose one.

Source: Health Research and Educational Trust Disparities Toolkit. hretdisparities.org accessed on 10/11/13
Frequently Asked Questions about Standardizing the Collection of Race and Ethnicity Data

Target Audience: Hospital Admissions/Registration Staff

Purpose: This document provides answers to questions that are frequently asked about the collection of expanded race and ethnicity data.

FAQ 1: How is ethnicity defined and what is its relationship to a person’s race?

A: As stated in the 2009 Institute of Medicine Report Race, Ethnicity and Language Data Standardization for Health Care Quality Improvement, ethnicity is defined as a common ancestral heritage that gives social groups a shared sense of identity. A particular ethnic group may contain persons who self-identify with different race categories. This is why there is the convention now, as instituted by the U.S. government in 1997, to split race and ethnicity.

FAQ 2: Where can I find the list of race/ethnicity categories?

A: NYS uses the U.S. Centers for Disease Control and Prevention (CDC) code set, version 1.0. The CDC has prepared a code set for use in coding race and ethnicity data. This code set can be found at: http://www.health.ny.gov/statistics/sparcs/sysdoc/apprr.htm

FAQ 3: What does SPARCS stand for?

A: The Statewide Planning and Research Cooperative System (SPARCS) is a comprehensive data reporting system established in 1979 as a result of cooperation between the health care industry and government. Initially created to collect information on discharges from hospitals, SPARCS currently collects patient level detail on patient characteristics, diagnoses and treatments, services, and charges for every patient admitted and discharged from the hospital or seen and discharged from an ambulatory surgery clinic or emergency department admission in New York State.

FAQ 4: Is there a standard to follow for reporting on persons with mixed or multiple races and ethnicities?

A: The SPARCS categories include the option for people to choose more than one race and more than one ethnicity. Refer to the link above or the example patient demographic form provided.
Frequently Asked Questions about Standardizing the Collection of Race and Ethnicity Data

FAQ 5: Do we need to collect all Race and Ethnicity Categories shown in Appendix RR including the more granular information or just the bolded levels?

A: Collect and report data as granular as possible. In the future, these more granular categories may be required.

FAQ 6: Is the patient required to sign the form that the intake staff person is using to collect race and ethnicity?

A: No the patient is not required to sign the form.

FAQ 7: Is it okay to record race and ethnicity by observation when it is obvious to the staff, especially if the person has been coming to the hospital for years?

A: No. All information on race and ethnicity needs to be captured through self-report by the patient or his/her caregiver.

FAQ 8: What should we do if our patients "refuse" or "decline" to answer the race, ethnicity and language questions?

A: Based on past experience with other hospitals, the percentage of refusals is small. SPARCS requires a race and ethnicity for every claim, there is not a recommendation for refuse or decline, the only options are to report “other” race and “unknown” ethnicity.

FAQ 9: My organization’s Hispanic patients often have difficulty identifying with any of the standard race categories. What should registration staff do in this situation to help the patient self-identify?

A: Patients who identify themselves as Hispanic/Latino – which is their ethnicity – may have difficulty identifying with any of the standard race categories. If the patient does not self-identify with any of the race categories, registration staff may provide an explanation of the race categories as needed to provide the patient with more information, but should not put pressure on the patient to make a selection if the patient does not choose one.

FAQ 10: If a patient’s preferred language is Spanish, can registration staff assume the patient’s ethnicity is Hispanic?

A: No, registration staff should not make any assumptions about a patient’s demographic information. The most accurate information is obtained when the patient provides his/her own response to the questions. The registration staff should ask the patient to self-identify his/her race and ethnicity.
FAQ 11: Regarding the collection of patient race and ethnicity, how do we address patients’/family members concerns such as, "I have been coming here for a long time, don’t you have that information already?"

A: You can use the following response or a modification of it:

“We may have the information already but in some instances we do not. We want to make sure that we have the correct information for everyone so we can ensure that everyone is getting the best quality of care regardless of his/her race/ethnicity.”

FAQ 12: Should we ask patients for their race and ethnicity each time they come to the hospital?

A: We recommend that you develop a system that enables you to capture the information only once with periodic updates (e.g., every two years).

FAQ 13: How might our hospital address a patient concern about their immigration status when asked for their race and ethnicity?

A: If a patient has a concern related to immigration status, registration staff should make it clear to the patient that the race and ethnicity questions are not being asked to determine the patient’s immigration status and the patient’s responses to the questions will not be reported to the authorities. According to fieldwork with dozens of hospitals, including some in border states, most patients were comfortable with the above explanation. In a few instances, patients were still uncomfortable. SPARCS requires a race and ethnicity for every claim. There is not a category for refuse or decline, the only options are “other” race and “unknown” ethnicity.

FAQ 14: How should our registration staff obtain race and ethnicity for infants and children?

A: The reported race and ethnicity of infants and children should reflect the race(s) and ethnicity(ies) of both the infant’s mother and father. Previously, only one race and one ethnicity could be reported in SPARCS. Now up to a total of 10 different codes for race and ethnicity can be reported.
Section IV: Tools/Resources Section

Frequently Asked Questions about Standardizing the Collection of Race and Ethnicity Data

FAQ 15: Should the script for asking questions about race and ethnicity be in paper or electronic format?

A: This decision is up to each hospital. It may be easier for staff if the script is on the patient registration screen, but some hospitals have indicated that there is not enough room on their screens to accommodate this option. When the script cannot be placed directly on the screen, it is best to have laminated cards, with script typed in large bold-faced font, at each registration station.

FAQ 16: When is the best time to start communicating to the community and our patient population about the changes to the registration process for collecting race and ethnicity information?

A: We suggest that you start communicating as soon as possible. You can use your hospital newsletter, community meetings, email, and other venues you have at your disposal. You may also want to display a poster or provide an informational flyer that registration staff can hand out to patients during registration.

We have developed flyer and poster tools to use and display in registration, waiting areas, cafeteria, and more in your hospital to let patients know that they will be asked for their race and ethnicity during registration. Each is available seven different languages. The poster and flyer files are available from [http://improvepatientdatanys.org/](http://improvepatientdatanys.org/)

Reporting race and ethnicity in SPARCS for Newborn Infants

1. Hospitals that provide maternity care services should evaluate how they assess, collect and report the race and ethnicity of newborn infants.

2. In a 2013 survey of a sample of New York hospitals, a significant number reported that the race and ethnicity of newborn infants reflects ONLY the race and ethnicity of the mother.

3. The reported race and ethnicity of infants and children should reflect the race(s) and ethnicity(ies) of both the infant’s mother and father. Previously, only one race and one ethnicity could be reported in SPARCS. Now up to a total of 10 different codes for race or ethnicity can be reported. The specific data collection standard for race and ethnicity must be a valid code in accordance with the CDC Race and Ethnicity Code Set - Version 1.0 (See: http://www.health.ny.gov/statistics/sparcs/bulletin/jun13.pdf)

4. Hospitals need to ensure that the staff involved in accessing, collecting and reporting the race and ethnicity of newborn infants understand the importance of accurately collecting this information and how to communicate with and ask parents for this information. In addition, hospitals need to have processes and systems in place to report the race(s) and ethnicity(ies) of both the mother and the father and ensure that they are reflected in the race and ethnicity codes reported for their newborn infant.

5. As hospitals develop new processes, the Department will be interested in determining what the “Best Practices” are, and to share this information with other hospitals.
Training Role Plays

Target Audience: Trainers/Supervisors/Hospital Admissions/Registration Staff

Purpose: This document provides role play scenarios to be used as a training tool for training staff on collecting race and ethnicity data.
Section IV: Tools/Resources Section

Training Role Plays

**Trainer:** As part of training for registration staff on how to ask patients about their race and ethnicity, you explain how to ask patients for this information. Explain how you would like the staff member to ask the question, and respond to his/her concerns.

**Objective:** To help registration staff understand how to address patient concerns when being asked about race and ethnicity.

**Registration staff:** You are being trained to collect race and ethnicity data from patients. Perhaps in the past, when you asked this information, you found or heard that some patients were offended by the request, so you’re worried about asking for this information. Example: “I don’t think we should be asking for that – patients will be upset.”

**Trainer:** You are training registration staff on how to ask patients for information about their race and ethnicity. This is the third training you’ve run for your staff, and you keep having to explain why it’s important to collect these data.

**Objective:** Explain the importance of collecting these data to staff, and how long you expect this to add to the registration process.

**Registration staff:** You are being trained to collect race and ethnicity from patients. When you’re told about this new requirement, you’re frustrated that you already have too much information to get from patients, and don’t think this is important. Example: “We can barely collect all the information we have to. I don’t see why this is so important, and it will just take longer.”
Training Role Plays

**Trainer:** When training registration staff about how to collect information from patients, you explain the difference between race and ethnicity and why they’re asked about separately.

**Objective:** Clarify the difference between race and ethnicity, and reinforce the need to ask both questions.

**Registration staff:** You are being trained to collect race and ethnicity data from patients. Your trainer has told you about the difference between race and ethnicity, but you still don’t understand why there are two questions and don’t think it’s important for you to ask both of them.

**Registration:** It is 4:30 p.m. on a Friday afternoon. The clinic is very busy today and you have registered a lot of patients. It has been a long week and you are feeling pretty tired. You are hoping that not many people come in during your last half hour.

**Objective:** How do you answer questions in a way that calms patient fears about immigration status?

**Patient:** You recently came to the US from Guatemala and you are going to the clinic for the first time in this country. You don’t have health insurance, but you have heard that people without it can still get care at this clinic. You have had a bad cough for many weeks and are afraid that you are very ill. Your English is still not very good, so you brought along your niece. You are worried that people will think that you don’t have your papers and hope that your niece can help you communicate.
Section IV: Tools/Resources Section

Training Role Plays

**Registration:** You are feeling good today. Things have been going well at work and everything at home is great. Your friend just stopped by the clinic to say hello and it put you in an even better mood. This morning, your boss told you that you are doing a great job with the patients.

**Objective:** How do you ask questions when patient’s first language is not one that you speak?

**Patient:** You have traveled from Iran to visit your family in New York City. Your daughter is a professor at Columbia University. You like coming to America to see how she is living. Unfortunately, you fell down the stairs this morning. Your daughter took you to the doctor on her way to a big conference that she couldn’t miss. You know some English, but she told you that there were people who speak Farsi here at the hospital who will help you.

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**Registration:** Today has been an okay day. You are a little stressed because the clinic had a JCAHO evaluation yesterday. You weren’t working yesterday, but your boss says that staff in the clinic has to do a better job at working with patients. You aren’t really sure what this means, but you are trying to be more helpful today.

**Objective:** How do you address patient questions about what ethnicity means and assist them to identify theirs?

**Patient:** You notice a sign posted in the clinic while you are waiting in line to register. It says that the Rochester Health Alliance is going to be collecting race and ethnicity information from all patients. You aren’t sure what this means and you are worried that you won’t know how to answer the questions.
Training Role Plays

**Registration:** It is hard for you to ask the new questions about race and ethnicity during registration. You aren’t really sure why the hospital needs this information anyway and it really slows down your process.

**Objective:** How do you assist a patient with self-identification of all of his/her races and ethnicities?

**Patient:** It has been all over the news about how hospitals need to ask all patients for their race and ethnicity. You really dislike these questions because they force you to pick a category. You almost always say “Other” because you are Black and White and Hispanic. Sometimes you say that you are “Multiracial” but most of the time they try to make you pick and you really don’t think that describes who you are.

**Registration:** You just finished a very long registration process with a patient that was asking a lot of questions. Normally, you take the time to answer them and have a lot of patience, but your line is three people long! You are really hoping that the next guy is easy so that you can get rid of the line.

**Objective:** How do you handle a situation when a patient gets upset and doesn’t want to answer the questions?

**Patient:** You are surprised to hear that the person in front of you in line at the clinic has to tell the registration staff what their race and ethnicity are. You wonder if this information is being collected for the government or to discriminate against minorities. You know that you have the right to not answer these questions and you aren’t going to tell anybody about your heritage. What does it matter to your health anyway?
Registration: It has been a busy day in the emergency room. You have had a line since you started and it is only 12 o’clock. You see a woman that you know because she comes in a lot is next in line. You wonder how she is going to respond to the new questions you have to ask about her race and ethnicity, especially since you know her pretty well.

Objective: How do you handle a situation when you are very familiar with a patient?

Patient: You are going to the emergency room for a sore throat. You come in pretty often for yourself and family members and you know the registration staff pretty well. You had to wait almost a half hour to register, but you are happy to see your friend working behind the desk.

Registration: It is 4:00 am and you are having a rough and busy shift. You didn’t get much sleep because your children are sick and stayed home from school. You are irritable, tired, hungry, and worried about your kids. You have been asking the race and ethnicity questions for a few weeks now and you realize that you can almost always guess the patient’s answers before they say it. Your manager isn’t around and more and more patients are coming into the emergency room.

Objective: How do you record this information from all patients in a standardized way?

Patient: You were working the night shift at Shaw’s and cut your hand very deeply on the deli slicer. You have heard from family members about the new questions that they are asking at the hospital. Your family members told you that it was uncomfortable and frightening. You had a discussion together about your family’s heritage and you now know that you are Brazilian, Black, and Hispanic. You will be able to answer the hospital’s questions confidently.
Section IV: Tools/Resources Section

Training Role Plays

**Registration:** A patient has come to register before seeing her doctor. You must collect race and ethnicity information from her. She is offended when asked about her race.

**Objective:** To address the patient’s concerns about being asked about race and ethnicity.

**Patient:** You are the patient and were told to go to patient registration before seeing your doctor. You are offended when asked about your race and ethnicity. You do not immediately provide the information, but instead express your feelings to the staff person who requested the information. Example: “That’s none of your business.”

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**Registration:** A patient must register before being admitted for a biopsy. You must collect race and ethnicity information from the patient. He is concerned about his privacy.

**Objective:** To address the patient’s concerns about the privacy of his information.

**Patient:** You are the patient and were told to go to patient registration before being admitted for a biopsy. When asked about your ethnicity, you do not immediately provide the information because you are worried about who will see it and how it will be used. Example: “What is going to happen to the information if I give it to you?”
Training Resources

The following links are for further staff training resources:


This site contains resources/toolkit and activities to improve the reliability and completeness of race and ethnicity data collected and reported; and promote use of these data to identify and target health care disparities and improve health equity in New York.

**Race and Ethnicity Data Collection Training Module for Physician Practice Staff Registration Staff:**


This online tool from the Greater Cincinnati Health Council has been created for physician practice registration staff training on standardized race, ethnicity and language (REL) data collection practices. The module includes the following:

- **Implementation guide:** Provides an easy, step-by-step process office managers can use to implement race and ethnicity data collection in practice sites; explains how and why standardized categories and patient self-reporting are critical elements.
- **E-learning module:** Trains managers and registration staff in primary care settings to collect self-reported data from patients. Training only takes about 15 minutes to complete!


This toolkit is a web-based tool that provides hospitals, health systems, clinics, and health plans information and resources for systematically collecting race, ethnicity, and primary language data from patients. The Toolkit is useful for educating and informing your staff about the importance of data collection, how to implement a framework to collect race, ethnicity, and primary language data at your organization, and ultimately how to use these data to improve quality of care for all populations.
Training Resources

Standardizing the Collection of Race, Ethnicity, and Language Data


The standardization of patient race, ethnicity and language (R/E/L) data collection is a cornerstone of the Aligning Forces for Quality Hospital Quality Network. This webpage provides guidance and resources necessary for participating hospitals to implement this change within their institution.

Data Collection Role Plays for Registration/Admission Staff Training


The Massachusetts Hospital Association developed these role plays to use as part of training for registration staff on how ask patients race and ethnicity data and address patient concerns.

Race and Ethnicity Data Collection Resources

http://www.mhalink.org/Content/NavigationMenu/MyMHA/Resources/RaceEthnicityData/default.htm

This collection of material was developed by the Massachusetts Hospital Association to assist hospitals to comply with state regulations regarding the collection of patient’s race and ethnicity.