Developing a methodology for data collection in reducing health care disparities: Collection and use of race, ethnicity and language data (American Hospital Association)

Step 2 · *Develop a methodology for data collection*

Next, hospitals and care systems will need to develop a methodology for collecting REAL data. Figure 3 outlines some questions to consider when designing this methodology.

Figure 3: Developing a Methodology for REAL Data Collection

Design Question	Options	Considerations / Suggested Method
Who should collect the data?	• Registration staff • Medical assistant • Registered nurse	• Using registration staff has been proven to increase collection rates, although one study found patients preferred being asked in the exam room by nursing staff.[8] Providers should assess staffing levels and determine who is best suited to collect the data. • **Suggested: Registration staff**
When should the data be collected?	• At time of check-in • Over the phone • Pre-exam	• Collecting preferred language data over the phone when a patient is scheduling an appointment can help in planning for interpretation services. • **Suggested: At check-in or over the phone**
What format should be used to collect the data?	• Paper format • Electronic kiosks / tablets • Verbal discussion	• Paper forms, kiosks and tablets allow for patient privacy, although one study has shown that collection rates are highest when patients have the option to also report REAL data verbally.[9] • Paper forms, kiosks and tablets may pose a challenge for patients with limited literacy. • Kiosks or tablets will eliminate the need for staff to transcribe data into the electronic medical record. • **Suggested: Provide options for a more private form of entry (paper form, kiosk or tablet) as well as verbal discussion**

Source: American Hospital Association, 2013.

Patient self-reporting of REAL data is the gold standard of data collection. Staff should never attempt to guess a patient's race, ethnicity or preferred language. While the suggested methods in Figure 3 have proved successful in the past, ultimately hospitals and care systems should choose the best path forward given the populations they serve. As an example, one hospital found that paper forms were often left incomplete in the waiting room, because of the low literacy rate and limited English proficiency of its patient population.[10]

Step 3 · *Train staff members on methodology for data collection*

Once a methodology for data collection is defined, hospitals and care systems should provide training to appropriate staff members. Training on standardized processes can increase compliance, ensure data integrity and improve patient buy-in. The Health Research & Educational Trust (HRET) developed a toolkit that provides REAL data collection training materials for hospitals and care systems and can be accessed free at http://www.hretdisparities.org/.