

# Hospital Care Ethnicity Data Audit Toolkit

Detailed guidance for  
staff survey responses

December 2021

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The following is an assessment guide against which the staff surveys can be reviewed. This guide provides more detailed advice on the survey responses than the rapid assessment sheet. Where attention is required, this detailed guide identifies corrective actions for each of the staff survey questions. Please note that any documentation, training and advice should align with the **HISO 10001:2017 Ethnicity Data Protocols** as these are the standard for health data collection, recording and reporting.

Staff training is available through the online ethnicity training course on the hospital's eLearning platform or the **Ministry of Health's eLearning platform**. This training provides an understanding of what ethnicity is, why it is collected, the rules for collecting and recording ethnicity data and how to deal with difficult situations or questions.

## Training

The first five survey questions relate to staff training and staff's understanding of and comfort with collecting ethnicity data. These questions may assist in identifying which individual staff members need further training, as well as identifying wider training needs. Where you identify issues with training, recommended actions are as follows.

### Recommended actions

- Consider conducting individual staff training, using the Online Ethnicity Training Course provided on the hospital's eLearning platform or the **Ministry of Health's eLearning platform**.
- Consider conducting group staff training sessions (this could be undertaken as part of existing staff meetings or training).
- Consider including staff training on correct processes for ethnicity data collection in induction processes for new staff.
- Consider providing staff with resources and support to collect ethnicity data.

### 1 Have you received any training on how to collect or record ethnicity data in hospital settings?

Ideally, staff will have received training in collecting ethnicity data from patients/consumers and your hospital will have a process in place for ensuring new staff are appropriately trained.

**2 How often are you involved in collecting ethnicity data from patients or recording ethnicity data on hospital systems/databases?**

This question may be useful if it is necessary to prioritise staff training. When planning training and refresher courses, prioritise those staff who are collecting and recording ethnicity data regularly.

**3 How often are you involved in confirming ethnicity data from patients or updating ethnicity data on hospital systems/database?**

This question may be useful if it is necessary to prioritise staff training. When planning training and refresher courses, prioritise those staff who are collecting and recording ethnicity data regularly.

**4 Do you understand why ethnicity data is collected in hospital settings?**

When planning training and refresher courses, prioritise those staff who do not feel they understand fully why ethnicity data is collected. Evidence suggests that understanding why ethnicity data is collected in health settings helps improve data collection.

**5 Are you comfortable collecting ethnicity data from patients/consumers?**

When planning training and refresher courses, prioritise those staff who are not comfortable collecting ethnicity data from patients. Staff who have received training and who feel well supported to collect ethnicity data are likely to be more comfortable in undertaking this task and do it accurately. The Online Ethnicity Training course aims to make staff feel more comfortable about asking the ethnicity question and dealing with difficult questions or responses.

## **What do you do?**

**6 How often do you check the patient ethnicity details of patients who already have ethnicity data on your hospital system/database?**

Ethnicity data needs to be up to date. Ideally the process of checking and updating patient details should happen regularly as part of confirming demographic details.

**Recommended action**

- The hospital should establish a policy for confirming and updating patients' ethnicity details. This may be done in conjunction with updating other patient details but must be completed using the standard ethnicity question and in accordance with the **HISO 10001:2017 Ethnicity Data Protocols**.

## **7 Are there times when you guess a patient's ethnicity rather than asking the patient to self-identify?**

Where patients are able to self-identify, staff must not guess the patient's ethnicity or complete the question on the patient's behalf.

### **Recommended action**

- Where a staff member guesses a patient's ethnicity, you should explore the reasons for this in order to identify if there is a training/awareness issue (for example, staff not knowing the appropriate procedure) or a systems/process issue (for example, staff being aware of an expected practice but being influenced by other barriers, such as workload pressures).

## **8 Do you have a list of codes or search engines available to help you record a patient's ethnicity?**

A patient's ethnicity must be recorded at level 4. At times, staff will need to identify the correct codes to use for ethnic categories they may be less familiar with. Also, at times, patients will provide a written response that is more detailed than level 4, and staff will need to aggregate up to the correct level 4 code.

If the system is not capable of recording at level 4, then the staff member will need to identify the correct codes, using the ethnicity classification level that the hospital is using at the time of the survey. Please note that all systems are to move to collecting at level 4.

### **Recommended actions**

- Provide training to help staff understand the process for correctly identifying the relevant level 4 codes (or the level the hospital is using at the time of the survey). Information on the process for coding ethnicity is outlined in the **HISO 10001:2017 Ethnicity Data Protocols**.
- The tools to be able to identify the codes are listed in the **Resources** section above.

## **9 Do you ever make up a new code to record a patient's ethnicity?**

Your PAS/IT system must record a patient's ethnicity using the standard numeric code and corresponding text description outlined in the Ethnicity Data Protocols. Wards, services or departments must not develop their own codes/descriptions or modify the standard codes/descriptions as this will impact on the quality and standardisation, and therefore the usefulness, of the data.

### **Recommended actions**

- Where a staff member makes up new codes, explore the reasons for this action to identify if there is a training/awareness issue (for example, the staff member does not know the appropriate procedure for coding ethnicity) or a systems/process issue (for example, the IT system contains incorrect codes).
- The hospital should address any issues through appropriate training or a system change, as relevant.

**10 Which code would you record in your system/database where a patient provided each of the following responses to the ethnicity question?**

Patient provided response	Short description	Code
Written-in response of 'New Zealander'	New Zealander	61118
Written-in response of 'Fijian-Indian'	Fijian Indian code	43112
Written-in response of 'Rarotongan'	Cook Island Māori code	32100
Blank (where patient not immediately contactable)	Not stated code	99999
Declined to provide ethnicity	Refused to answer	95555

If the system is not capable of recording at level 4, then the staff member will need to identify the correct codes, using the ethnicity classification level that the hospital is using at the time of the survey.

**Recommended action**

- Provide training to help staff understand the process for correctly identifying the relevant level 4 codes (or the level the hospital is using at the time of the survey). Information on the process for coding ethnicity is outlined in **HISO 10001:2017 Ethnicity Data Protocols**.

**11 Are you able to record up to six ethnicities for a patient in your system/database?**

Your PAS/IT system should be able to record up to six ethnicities for an individual patient, using the standard numeric code and corresponding text description outlined in the **HISO 10001:2017 Ethnicity Data Protocols**.

**If YES, where a patient provides more than six ethnicities, how do you decide which six are recorded in the system/database? Please explain.**

The reduction of more than six ethnicities provided by the patient should be based on the random manual reduction method outlined in **HISO 10001:2017 Ethnicity Data Protocols**, Appendix A.

**Recommended actions**

(For an incorrect response, or a partially correct response)

- Provide training to help staff understand the process for correctly prioritising ethnicity data where more than six responses are provided. Information on how to manually reduce the number of responses using the random method can be found in **HISO 10001:2017 Ethnicity Data Protocols** Appendix A.
- The coding tools listed in the **Resources** section above should be used to help find appropriate codes. These should be used wherever possible to ensure consistent coding by all collectors.

If **NO**, where a patient provides more ethnicities than can be recorded in your system/database, how do you decide which is recorded in the system/database? Please explain.

Your PAS/IT system should be able to record up to six ethnicities for an individual patient, using the standard numeric code and corresponding text description outlined in the **HISO 10001:2017 Ethnicity Data Protocols**.

#### **Recommended action**

(If the system is not able to collect up to six ethnicities)

- The hospital should address this through a system change to ensure that all IT systems are able to record up to six ethnicities.  
As an interim measure, prioritisation can be used to identify which ethnicity should be recorded where the system cannot record up to six ethnicities. The correct process for prioritising ethnicities is outlined in **HISO 10001:2017 Ethnicity Data Protocols** section 5.5.2: Prioritised output.

#### **Recommended actions**

(For an incorrect or partially correct response by a staff member to reducing the number of ethnicities)

- Provide training to help staff understand the process for correctly prioritising ethnicity data, where more responses are provided than can be recorded by the IT system. Information on how to prioritise at level 2 is provided in **HISO 10001:2017 Ethnicity Data Protocols** section 5.5.2: Prioritised output.
- The coding tools listed in the **Resources** section above should be used to help find appropriate codes. These should be used wherever possible to ensure consistent coding by all collectors.

## **What do you think?**

**12 Have you experienced any difficulties with collecting ethnicity data from patients/consumers or recording ethnicity data in your system/database? If yes, please explain.**

Research has identified a number of barriers around collecting and inputting ethnicity data in health care settings. These include: a lack of understanding about why ethnicity data is being collected; a lack of knowledge or understanding about how to collect ethnicity data correctly; a lack of accessible and ongoing training; issues with the IT systems used in health institutions (for example, systems not having the right codes or not making it easy to record multiple ethnicities); high staff turnover and concerns about offending people.

**Recommended actions**

- The hospital should identify whether staff difficulties with collecting ethnicity data relate to training or to practice systems or processes and address these as appropriate.
- The staff should complete the Online Ethnicity Training course, which provides training to make staff feel more comfortable about asking the ethnicity question and dealing with difficult questions or responses.

**13 Is there anything that would make it easier for you to collect and record ethnicity data from patients/consumers? If yes, please explain.**

Research has identified a number of things that facilitate collecting and inputting ethnicity data in health care settings, such as online training tools and training resources to support changes (for example, changes to standard code sets).

**Recommended actions**

- Where staff identify something that would make it easier for them to collect and record data, assess whether the suggested solution is appropriate and potentially useful to all staff. Staff are more likely to accept a particular solution if they identified it for themselves.
- You should not implement proposed solutions if they result in a collection process that does not comply with the Ethnicity Data Protocols.
- The manager should report back to staff on their reasons for adopting (or not) solutions identified by staff.