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| Hospital Care Ethnicity Data Audit ToolkitStaff survey form:how are we doing? | December 2021 |

Please take a few minutes to fill out this survey on collecting and recording ethnicity data in our hospital. This survey is part of a wider audit process we are undertaking that aims to improve the quality of our hospital processes for ethnicity data collection, recording and outputting.

**For the following questions, please tick the one box that is the closest to your response.**

## Training

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| 1. | Have you received any training on how to collect or record ethnicity data in hospital settings? |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Yes, in the last12 months | Yes, but not in the last 12 months | No | N/A |
| 2, | How often are you involved in collecting ethnicity data from patients or recording ethnicity data on hospital systems/databases? |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Frequently (on mostdays I am working) | Occasionally(once a week) | Infrequently(once a month or less) | N/A |
| 3. | How often are you involved in confirming ethnicity data from patients or updating ethnicity data on hospital systems/databases? |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Frequently (on mostdays I am working) | Occasionally(once a week) | Infrequently(once a month or less) | N/A |
| 4. | Do you consider that you understand why ethnicity data is collected in hospital settings? |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Yes | No | Not sure | N/A |
| 5. | Are you comfortable collecting ethnicity data from patients/consumers? |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Yes | No | Not sure | N/A |

## What do you do?

|  |  |
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| 6. | For patients already listed with ethnicity data on your hospital system/database, how often do you check your patient ethnicity data? |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | On the first encounter with our hospital ward, service or department | Only if ethnicity data is missing or appears incorrect | Not sure | N/A |
| 7, | Are there times when you guess a patient’s ethnicity rather than asking the patient to self‑identify? |
|  | [ ]  | [ ]  | [ ]  |  |
|  | YesSee below | NoGo to question 8 | N/AGo to question 8 |  |
|  | Why do you decide/guess a patient’s ethnicity? |
|  |       |  |
|  |  |
| 8. | Do you have a list of codes or search engine available to help you record a patient’s ethnicity? |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Yes | No | Not sure | N/A |
| 9. | Do you ever make up a new code to record an ethnicity? |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Yes | No | Not sure | N/A |
| 10. | Which code would you record in your system/database where a patient provided each of the following responses to the ethnicity question? (Feel free to refer to any resources that you would normally use when coding ethnicity.) |
|  | Written-in response of ‘New Zealander’ code |       |  |
|  | Written-in response of ‘Fijian-Indian’ code |       |  |
|  | Written-in response of ‘Rarotongan’ code |       |  |
|  | Blank (where patient not immediately contactable) code |       |  |
|  | Declined to provide ethnicity code |       |  |
|  |  |
| 11. | Are you able to record up to **six** ethnicities for a patient in your system/database? |
|  | [ ] Yes | If **YES**, where a patient provides more than six ethnicities, how do you decide which six are recorded in the system/database? Please explain. |  |
|  |  |       |  |
|  |  |  |  |
|  | [ ] No | If **NO**, where a patient provides more ethnicities than you can record, how do you decide which ethnicities are recorded in the system/database? Please explain. |  |
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## What do you think?

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| 12, | Have you experienced any difficulties with collecting ethnicity data from patients/consumers or recording ethnicity data in the hospital system/database? If yes, please explain. |
|  |       |  |
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| 13, | Is there anything that would make it easier for you to collect or record ethnicity data from patients/consumers? If yes, please explain. |
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## Additional feedback

Please share any additional comments.

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## Personal information

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| **First name:** |       | **Last name:** |       |
| **Department:** |       |
| **Position:** |       |
| **IT system:** |       |
| **Date:** |       |

Thank you for taking the time to fill out this survey. We rely on your feedback to help us improve our systems. Your input is greatly appreciated.