Primary Care Ethnicity Data Audit Toolkit

2013

A toolkit for assessing ethnicity data quality

Acknowledgements

Contents

Introduction

The Primary Care Ethnicity Data Audit Toolkit provides a resource for assessing the quality of ethnicity data in New Zealand primary health care settings and supporting quality improvement. Ethnicity refers to the ethnic group or groups that individuals identify with or feel that they belong to. In New Zealand ethnicity is self-identified, and people can identify with more than one ethnic group (Ministry of Health 2004; Statistics New Zealand 2005). High-quality ethnicity data are important in health sector strategy and policy (Minister of Health and Associate Minister of Health 2002; Ministry of Health 2006). In the New Zealand primary health care context, the purposes of ethnicity data collection include:

- guiding implementation of individual care plans and interventions (eg, risk assessment tools)
- supporting clinical audit and quality improvement activities in general practice
- measuring and monitoring population health (including health risk factors, incidence, outcomes and experiences of care) over time
- monitoring policy and service performance, effectiveness and equity at a broader system level
- planning for population priorities
- targeting funding and allocation of resources.

Ethnicity data have been collected in the New Zealand health sector for a number of years. However, variations in ethnicity data policies and practices have limited the quality and completeness of the data and, therefore, its usefulness (Cormack and McLeod 2010; Kilgour and Keefe 1992; Public Health Intelligence 2001; Tilyard et al 1998).

What is the scope of the Primary Care Ethnicity Data Audit Toolkit?

This toolkit includes three practice-administered tools to assess the quality of ethnicity data and systems for data collection, recording and output within primary health care settings, and provides guidance on quality improvement activities. It also provides your practice with:

- a way of benchmarking how well you are currently complying with the *Ethnicity Data Protocols for the Health and Disability Sector* (Ministry of Health 2004), the current health and disability sector standard (throughout this document referred to as 'the Protocols')
- information on the current minimum standards for the collection, recording and output of ethnicity data within the sector
- further information and links to useful resources to guide quality improvement in your practice.

The Toolkit helps you assess primary health care ethnicity data against the standard for the health and disability sector, outlined in the Protocols and the *Ethnicity Data Protocols Supplementary Notes* (Ministry of Health 2009b: throughout this document referred to as 'the Supplementary Notes') and, more broadly, against current best practice.

This Toolkit is designed to stand alone. We anticipate that it will complement and support other quality improvement activities as part of broader quality improvement cycles in practices.

How often should our practice complete this audit?

There are three stages to the ethnicity data audit (see the following sections). The first time your practice undertakes the audit, you should complete all three stages in the order they are presented. If this process does not reveal any issues (that is, your practice is fully compliant with the recommended procedures and has high ethnicity data quality), the audit process should be repeated every three years. Where the process identifies some issues, you should undertake quality improvement activities, and repeat any relevant stages of the audit within 12 months.

Overview of the audit process

Stage	Key tasks	Person responsible	Required documentation
Stage 1: Systems compliance audit checklist	Complete two-page checklist	Practice manager or clinical leader	Copies of: • the Stage 1 checklist (see pages 8–9) • your practice registration form • any practice policies your practice has on ethnicity data • the Stage 1 compliance scoring table (page 9)
	Mark checklist	Practice manager or clinical leader	
	Address issues identified	Practice manager or clinical leader	A summary of your results from the compliance checklist
Stage 2: Staff survey	Complete staff survey	All reception staff and some clinical staff	Copies of: • the staff survey (pages 12–14) • the staff survey rapid assessment sheet (pages 15–17) and the detailed staff survey assessment guide (pages 34–39)
	Mark staff survey	Practice manager or clinical leader	
	Report back to staff and identify training needs	Practice manager or clinical leader	A summary of results from staff survey(s) and suggested quality improvement activities from the assessment guide
Stage 3: Ethnicity data quality audit	Collect ethnicity data from 100 consecutive patients (using supplied form)	Reception staff, practice manager	Copies of: • the supplied collection form (x 100) (page 32) • completed collection forms • the ethnicity data quality audit instructions (pages 19–21)
	Compare ethnicity data recorded on PMS with that collected on supplied form	Practice manager or clinical leader	Patient ethnicity data as recorded on the PMS
	Identify the level of match (Match: M, Partial match: PM, Total mismatch: TMM)	Practice manager or clinical leader	
	Calculate percentage of records with complete match (M)	Practice manager or clinical leader	
	Undertake quality improvement activities		A summary of your results from the data quality audit

Audit documents

Stage 1: The systems compliance audit checklist

Background information

What is this stage of the audit assessing?

The systems compliance audit checklist allows you to assess whether your practice is collecting, recording and outputting ethnicity data in compliance with the *Ethnicity Data Protocols for the Health and Disability Sector* ('the Protocols') and the *Ethnicity Data Protocols Supplementary Notes* ('the Supplementary Notes') (Ministry of Health 2004 and 2009b respectively). This checklist needs to be completed once as a part of the overall audit process.

Who should complete this stage of the audit?

Someone who has a good understanding of your practice's processes and policies for managing ethnicity data should complete the checklist.

What will I need to complete this checklist?

You will need:

1. a copy of your practice's written protocols or policies relating to ethnicity data, or, where these are unwritten, the assistance of somebody within the practice with an understanding of how your practice manages ethnicity data (eg, somebody in charge of handling patient enrolment data collection, recording patient ethnicity data in the practice management system (PMS) and reporting to the primary health organisation (PHO) or other organisation)

2. a copy of your practice's patient registration or enrolment form

3. a copy of the Protocols, the Supplementary Notes (including the revised codeset), available on the Ministry of Health website at: www.health.govt.nz/publication/ethnicity-data-protocols-health-and-disability-sector

How will compliance be scored?

Compliance will be assessed for each of the specific standards for (a) collecting, (b) recording and (c) outputting ethnicity data outlined in the Protocols. Compliance is either met (YES) or not met (NO). A score will be calculated for compliance in collecting, recording and outputting based on the number of YES responses. This will allow your practice to better identify specific areas for improvement.

How does this tool help the practice?

The checklist measures compliance with the Protocols, and your practice needs to address the areas where it does not comply. A list of useful links and resources is provided within this document, to assist you with quality improvement and support you to fully align with the Protocols.

Stage 1: Ethnicity data systems compliance audit checklist

	Compliance question	Response	
Is your practice policy for the **collection** of ethnicity data compliant with the current ethnicity data Protocols for the health sector?	Does your practice collect ethnicity data from all enrolled patients (eg, for all age groups and funding sources)?	☐ Yes	☐ No
	Are less than 2 percent of your practice management system (PMS) records for enrolled patients coded as having missing or 'not stated' ethnicity response fields? (This will require you to run a query in your PMS.)	☐ Yes	☐ No
	Does your practice registration/enrolment form contain the standard ethnicity question* as outlined in the current ethnicity data Protocols? (See Appendix Five for an example of the standard question.)	☐ Yes	☐ No
	Does your practice allow all respondents to self-identify their ethnicity, regardless of how ethnicity is collected (eg, face to face, on a paper form, electronically, by telephone)? (Note – this excludes situations where ethnicity must be collected from next of kin.)	☐ Yes	☐ No
	When collecting ethnicity data for children (including for the pre-enrolment of newborns), does your practice provide the parent or caregiver with the standard ethnicity question* to complete for the child until the child is of an age to complete it themselves? (See Appendix Five for example of the standard question.)	☐ Yes	☐ No
	When a patient is unable to complete the ethnicity question through incapacity, does your practice provide his or her next of kin with the standard ethnicity question to complete, or, if no next of kin is available, does the practice wait until the respondent is able to self-identify his or her ethnicity?	☐ Yes	☐ No
	In cases where ethnicity data are collected by asking the patient verbally (eg, over the phone), does your practice require staff to: 1. state that they would like to collect ethnicity 2. explain that the patient may choose more than one ethnicity 3. read out all the categories, in the order they appear in the standard ethnicity question outlined in the current ethnicity data protocols, and 4. record all the patient's responses?	☐ Yes	☐ No
Is your practice policy for **recording** ethnicity data compliant with the current ethnicity data Protocols for the health sector?	Does your practice only use the standard codes, as outlined in the current ethnicity data Protocols, for recording ethnicity? (See Appendix Three for a listing of the standard codes.)	☐ Yes	☐ No
	Does your practice input and store ethnicity data in the PMS at a minimum of Level 2 of the standard classification system? (See Appendix Three for more information.)	☐ Yes	☐ No
	For ethnicities that are written on the form by respondents, does your practice match the response with the Level 4 ethnicity codes and then record the response in the PMS at a minimum of Level 2 (which is the first two digits of the level 4 code)?	☐ Yes	☐ No
	Is your practice able to record and store at least three ethnicities for an individual?	☐ Yes	☐ No
	Where a patient supplies more responses than can be recorded in your PMS, does your practice prioritise responses according to the standard list provided in the current ethnicity data Protocols? (See Appendix Two for more information.)	☐ Yes	☐ No

Is your practice policy for the **output** of ethnicity data compliant with the current ethnicity data Protocols for the health sector?	Where your practice outputs data to the primary health care organisation, are you able to deliver up to three ethnicities per patient? Where the patient identifies with more than three ethnicities do you prioritise them according to the standard list (see Appendix Two for more information)?	☐ Yes	☐ No
	In the analysis and reporting of ethnicity data, does your practice use one of the recommended methods (total, prioritised or sole/combination) for the output of multiple ethnicities?**	☐ Yes	☐ No
	In the analysis and reporting of ethnicity data, does your practice describe the method it uses for the output of multiple ethnicities (eg, total, prioritised or sole/combination)?**	☐ Yes	☐ No

* The 'standard ethnicity question' refers to the 2001 Census ethnicity question, which is the standard question to be used for all ethnicity data collection in the health sector, as outlined in the current ethnicity data Protocols. See Appendix Five for an example of the standard question.

** Total response, prioritised and sole/combination are different methods for outputting multiple ethnicities. Total response counts each person once in each ethnic group they identify with. Prioritisation assigns a person who identifies with more than one ethnic group to a single mutually exclusive category based on an established priority order. Sole/combination assigns individuals to either a sole ethnicity group (if they only identify with one ethnicity) or a combination category (eg, European/Māori) if they identify with more than one ethnic group (Cormack 2010; Ministry of Health 2004).

Compliance score

Category	Score
Collection	_____/7 If score is less than 7, action is required
Recording	_____/5 If score is less than 5, action is required
Output	_____/3 If score is less than 3, action is required
Total	**_____/15 If score is less than 15, action is required**

Stage 2: The staff survey

Background information

What is this stage of the audit assessing?

This stage of the audit allows you to assess staff understanding of, and current processes for, the collection and recording of ethnicity data and to identify specific staff training needs.

Who should complete this stage of the audit?

The person who completed Stage 1 should run this stage of the audit. He or she will be responsible for distributing and marking the staff surveys, reporting back to staff and identifying training needs.

All staff involved in collecting and/or recording patient ethnicity data should complete the staff survey. This will likely include most of the non-clinical staff and some clinical staff.

What will I need to complete the staff survey?

You will need:

1.   printed copies of the staff survey for each staff member (see pages 12–14)

2.   a copy of the rapid assessment sheet for staff surveys (see pages 15–17) and the detailed staff survey assessment guide (see Appendix Six)

3.   a copy of the *Ethnicity Data Protocols for the Health and Disability Sector* ('the Protocols') and the *Ethnicity Data Protocols Supplementary Notes* ('the Supplementary Notes') and the revised codeset, available on the Ministry of Health website at: www.health.govt.nz/publication/ethnicity-data-protocols-health-and-disability-sector

How should I mark the surveys?

You should use the rapid assessment sheet and staff survey assessment guide to review the completed staff surveys, and to identify any issues that require attention. The assessment guide provides a brief explanation of ideal responses, corrective actions and useful resources.

You should mark each staff survey separately, to identify issues that need attention for individual staff members. In addition, it may be worth reviewing all completed staff surveys to identify issues that arise for more than one participant and therefore may need to be addressed at the practice level (eg, through group training).

In smaller practices, external support with reviewing and addressing issues identified in the survey may be valuable, particularly where an individual is responsible for both completing the survey and reviewing it. In some cases support may be available from your PHO.

How do I feed back results of the survey to staff?

The results of the survey should be discussed with all staff in the practice (eg, during a staff meeting). It is important that you base any feedback given in a group setting upon an overall picture of the survey responses, and do not identify any particular individual's survey response. Where you identify an issue with a single member of staff, you should discuss it with them confidentially, and agree on a plan of action. This process may also be a good opportunity to gather feedback from staff on the audit process itself. In your feedback to staff, you should include any issues identified, the plan for addressing the issues and the proposed date of review.

Staff survey form: how are we doing?

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

Thank you for your participation.

Training

Please tick the one box that is the closest to your response.

1. Have you received any training on how to collect or record ethnicity data in primary care?

    ☐   ☐   ☐   ☐

    Yes, in the last 12 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 in the practice management system (PMS)?

    ☐   ☐   ☐   ☐

    Frequently (on most days I am working)   Occasionally (once a week)   Infrequently (once a month or less)   N/A

3. Do you consider that you have an adequate understanding of why ethnicity data are collected in primary care?

    ☐   ☐   ☐   ☐

    Yes   No   Not sure   N/A

4. Are you comfortable collecting ethnicity data from patients?

    ☐   ☐   ☐   ☐

    Yes   No   Not sure   N/A

What do you do?

5. For enrolled practice patients, how often do you check patient ethnicity details?

    ☐   ☐   ☐   ☐

    On initial patient enrolment/registration and regularly (at least three-yearly) thereafter   On initial patient enrolment/registration and irregularly thereafter, or less than three-yearly   On initial patient enrolment/registration only   N/A

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

    ☐   ☐   ☐

    Yes See below   No Go to Question 7   N/A Go to Question 7

    Why do you guess a patient's ethnicity?

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7.   Do you have a list of codes available to assist you to record a patient's ethnicity?

☐   ☐   ☐   ☐
Yes   No   Not sure   N/A

8.   Do you ever make up a new code to record an ethnicity?

☐   ☐   ☐   ☐
Yes   No   Not sure   N/A

9.   Which code would you record in the practice management system 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 in your practice.)

Written-in response of 'New Zealander' code   _____

Written-in response of 'Fijian-Indian' code   _____

Written-in response of 'South African' code   _____

Blank (where patient not immediately contactable) code   _____

Declined to provide ethnicity code   _____

10. Where a patient provides more than three ethnicities, how do you decide which three are recorded in the practice management system? Please explain.

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What do you think?

11. Have you experienced any difficulties with collecting ethnicity data from patients or recording ethnicity data in the PMS? If yes, please explain.

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12. Is there anything that would make it easier for you to collect or record ethnicity data from practice patients? If yes, please explain.

Additional feedback

Please share any additional comments.

Personal information

First name: _____   Last name: _____

Practice name: _____

Position: _____

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.

Rapid assessment sheet for staff survey(s)

This rapid assessment sheet can be used to mark completed staff surveys. Any answers that require attention are shaded. Where an answer is assessed as 'needs attention', refer to the detailed assessment guide for staff surveys in Appendix Six for corrective actions and useful resources.

Each staff survey should be marked separately to identify issues pertinent to individual staff members. In addition, it may be worth reviewing staff surveys collectively, to identify issues that arise for more than one participant.

1. Have you received any training on how to collect or record ethnicity data in primary care?

Ideal	Pass	Needs attention	
☐	☐	☐	☐
Yes, in the last 12 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 in the practice management system (PMS)?

Highest priority			
☐	☐	☐	☐
Frequently (on most days I am working)	Occasionally (once a week)	Infrequently (once a month or less)	N/A

3. Do you consider that you have an adequate understanding of why ethnicity data are collected in primary care?

Ideal	Needs attention	Needs attention	
☐	☐	☐	☐
Yes	No	Not sure	N/A

4. Are you comfortable collecting ethnicity data from patients?

Ideal	Needs attention	Needs attention	
☐	☐	☐	☐
Yes	No	Not sure	N/A

5. For enrolled practice patients, how often do you check patient ethnicity details?

Pass	Needs attention	Needs attention	
☐	☐	☐	☐
On initial patient registration and regularly (at least three-yearly) thereafter	On initial patient registration and irregularly thereafter, or less than three yearly	On initial patient enrolment/registration only	N/A

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

Needs attention	Ideal	
☐	☐	☐
Yes	**No**	**N/A**

7. Do you have a list of codes available to assist you to record a patient's ethnicity?

Ideal	Needs attention	Needs attention	
☐	☐	☐	☐
Yes	No	Not sure	N/A

8. Do you ever make up a new code to record an ethnicity?

Needs attention	Ideal	Needs attention	
☐	☐	☐	☐
Yes	No	Not sure	N/A

9. Which code would you record in the practice management system where a patient provided each of the following responses to the ethnicity question?

There are two possible ideal responses for the following questions, depending upon whether the practice is using the 2004 Protocols or the 2009 Supplementary Notes. Until the updated codeset becomes a requirement within the primary care setting, either response will be considered correct.

	Code 2004 Protocol	Code 2009 Supplementary
Written-in response of 'New Zealander'	NZ European Code 11	NZ European Code 11
Written-in response of 'Fijian-Indian'	Indian Code 43	Indian Code 43
Written-in response of 'South African'	Other European Code 12	Other European Code 12
Blank (where patient not immediately contactable)	Not stated Code 99	Not stated Code 99
Declined to provide ethnicity	Not stated Code 99	Refused to answer Code 95

10. Where a patient provides more than three ethnicities, how do you decide which three are recorded in the practice management system? Please explain.

The correct process for the prioritisation of ethnicities is outlined in the Protocols. If, in their response to this question, a staff member indicates that they make a decision according to some other process, their answer may need attention.

A correct response must include a statement to the following effect.

- Prioritisation of level 2 ethnicity is based upon the priority list provided in the Protocols or in the Supplementary Notes.

A correct response may also include reference to:

- prioritisation occurring at code levels 1 or 2
- a minimum of three ethnicities being entered onto the PMS where the number of ethnicities identified by the patient is greater than three
- prioritisation of level 2 ethnicity being based upon the priority list provided in the Protocols or in the Supplementary Notes.

An incorrect response may refer to:

- asking the patient to rank their own ethnicities, or picking the one, two or three they most strongly identify with

- a staff member choosing which ethnicities are entered based upon anything other than the Protocol priority list.

Stage 3: The Ethnicity Data quality audit

Background information

What is this stage of the audit assessing?

The purpose of this stage of the audit is to assess the quality of ethnicity data currently held in the practice management system (PMS) against a 'fresh' collection of self-identified patient ethnicity data using the supplied audit form. You should complete this stage after Stages 1 and 2. It involves collecting information from practice patients and should be handled in accordance with your practice policies on information privacy and the Health Information Privacy Code 1994.

Who should complete this stage of the audit?

One or a number of staff members could complete this stage of the audit. It is likely to involve front reception staff, because you will need to collect ethnicity details from all enrolled/ registered patients as they arrive during the audit timeframe. The assessment of data quality will require somebody with knowledge of how to access patient ethnicity details on the electronic record in the PMS and an understanding of how to correctly code write-in responses and prioritise ethnicities where an individual identifies more than three.

What will I need to complete the data quality audit?

You will need:

1. printed copies of the audit question form containing the Census 2001 ethnicity question (as required by the Protocols) (see Appendix Five) for all patients for whom you will collect 'fresh' ethnicity information

2. instructions for completing the data quality audit contained within this document (see pages 19–21)

3. access to the PMS

4. a copy of the Protocols, the Supplementary Notes and the revised codeset, available on the Ministry of Health website at: www.health.govt.nz/publication/ethnicity-data-protocols-health-and-disability-sector

How does this tool help the practice?

This tool will give your practice a greater understanding of how closely ethnicity data on your PMS reflects current self-identified ethnicity data. It will then help you to identify recommended actions to improve the quality of ethnicity data.

Instructions for ethnicity data quality audit

Follow the instructions and complete the audit steps in the order that they appear here.

Part 1: Data collection

Ask all enrolled/registered patients that come into the practice for an appointment to complete the appropriate patient data collection form (Appendix Five contains this form), until you have 100 completed forms.

When undertaking this process, follow these guidelines.

- Collect a proxy response (from a caregiver) for enrolled/registered children.

- Exclude drop-in, casual or new patients, and patients who are seriously unwell or otherwise unable to complete the form.

- Ensure that the patient self-identifies their ethnicity (or that their caregiver does so, in the case of children).

- Ensure that you comply with your practice's policies on information privacy and the Health Information Privacy Code 1994.

- Store collected data securely.

- If you wish, update other patient details at the same time (eg, address, phone numbers or next-of-kin details).

- If your practice has multiple practitioners, aim to undertake the data quality audit on a day or days when the largest numbers of staff are working, to capture the greatest range of patients.

Part 2: Data analysis

The lower part of the patient data collection form contains a section to help you undertake the data audit.

1. For each individual, find the appropriate entry on the practice management system (PMS), and in the space provided on the patient data collection form (under 'Office use only', 'PMS'), note their ethnicity details as recorded on the PMS. For example, if the patient's ethnicity is recorded on the PMS as Māori and NZ European, you would enter these as below.

Office use only	
Form	**PMS**
1.	1. Māori
2.	2. NZ European
3.	3.

2. In the space provided on the form (under 'Office use only', 'Form'), note the self-identified ethnicity details as collected on the upper section of the audit form. Where more than three ethnicities are identified, use the process outlined in the Protocols to prioritise to three.

    For example, if the same patient as above only selected 'Māori' on their audit form, you would enter this as below. (Note that this is an example of a 'partial match' according to the categories explained below.)

Office use only	
Form	**PMS**
1. Māori	1. Māori
2.	2. NZ European
3.	3.

    Where necessary, identify the appropriate level 4 code from the quick reference table (included in Appendix Four), and then aggregate up to level 2 (or the level of coding recorded on your PMS). For example, if a patient has written a response of 'Australian', this would be coded at level 2 as 'Other European Code 12', and entered on the audit form as below.

Office use only	
Form	**PMS**
1. Other European	1.
2.	2.
3.	3.

3. For each audit form, identify the level of match (at the same level of coding; that is, 2, 3 or 4) between the two records of ethnicity, as follows (use only one grade per form).

    - **Match (M)**: all ethnicities identified by the patient on the audit form match with those recorded for that patient in your PMS (Note: the order in which they are recorded does not need to match).

    - **Partial match (PM)**: this is only relevant for patients with multiple ethnicities recorded, and applies where some but not all of the ethnicities match, regardless of the order. For example:

Office use only	
Form	**PMS**
1. Māori	1. Māori
2.	2. NZ European
3.	3.

    - **Total mismatch (TMM)**: none of the ethnicities identified by the patient on the audit form match with those recorded for that patient in your PMS.

4. Record the level of match on the bottom of each audit form by circling either M, PM or TMM. For example a partial match is recorded as:

    M   (PM   )   TMM

5. Once all 100 forms are completed and you have identified the level of match for each, complete the table below.

	Number of forms	Percentage of total forms*
Match (M)		%
Partial match (PM)		%
Total mismatch (TMM)		%
Total (M+PM+TMM)		–

* Percentage = number of M, PM or TMM forms divided by total number of forms, times 100. For example if a total of 100 forms were completed, and 60 of them had ethnicity details that matched: (60/100) x 100 = 60 percent.

Part 3: Take action

It is expected that all practices will record a small percentage of mismatched (or partially matched) ethnicity data, which may result from changes in ethnicity identification by individuals. However, a large level of mismatch may indicate collection or recording issues that need to be addressed.

Where the level of match (M) is greater than 90 percent, the practice should ensure that patient ethnicity is updated at regular intervals and repeat the ethnicity data quality audit within a period of no more than three years.

Where the level of match (M) is between 70 and 90 percent, the practice should do all of the following:

- review its collection and recording systems (using Stages 1 and 2 of the audit)
- immediately begin a process of updating patient ethnicity details (consistently with the Protocols)
- ensure that patient ethnicity records are updated at regular intervals
- repeat the data quality audit process in 12 months' time.

Where the level of match (M) is below 70 percent, the practice should do all of the following:

- consider undertaking a more thorough ethnicity data audit, perhaps drawing on outside expertise
- review its collection and recording systems (using Stages 1 and 2 of the audit)
- immediately begin a process of updating patient ethnicity details (consistently with the Protocols)
- ensure that patient ethnicity records are updated at regular intervals
- repeat the three stages of the audit process in 12 months' time.

Useful tools and resources

Guidelines and standards

The current ethnicity data standard for the health sector is available on the Ministry of Health website, at www.health.govt.nz/publication/ethnicity-data-protocols-health-and-disability-sector

Relevant documents include:

- the Protocols
- the Supplementary Notes
- the *Ethnicity Data Protocols Codeset Appendices* (Ministry of Health 2009a)
- the Ministry of Health's ethnicity code tables.

The 2011 PHO enrolment requirements (version 3) are available on the Ministry of Health website: www.health.govt.nz/publication/ethnicity-data-protocols-health-and-disability-sector The enrolment toolkit includes a sample enrolment form.

Information on the newborn pre-enrolment process is also available on the Ministry of Health website: www.health.govt.nz/publication/newborn-pre-enrolment-toolkit

The official statistical standard for ethnicity is available on the Statistics New Zealand website: www.stats.govt.nz/browse_for_stats/population/census_counts/review-measurement-of-ethnicity.aspx

Information resources for staff and patients

A staff card and patient brochure developed for a study of general practice use in New Zealand by the Health Utilisation Research Alliance is available for use (with acknowledgement): www.otago.ac.nz/wellington/otago019135.pdf

The bpac magazine, *Best Practice*, included a brief article on ethnicity data collection in primary care in its October 2007 issue: www.bpac.org.nz/magazine/2007/october/ethnic.asp

Related quality improvement materials

Information and resources for CORNERSTONE, the accreditation programme for general practices, are available on The Royal New Zealand College of General Practitioners website: www.rnzcgp.org.nz/cornerstone-general-practice-accreditation

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Appendix One: Summary of requirements from the 2004 Protocols

The following summary is taken from the Protocols.

Protocol requirements for collection

1. The standard ethnicity question for the health and disability sector is the Statistics New Zealand 2001 Census ethnicity question (see Section 3.3 [of the Protocols]). The format is to remain the same, and the font size and dimensions must not be reduced.

2. Where a respondent may not be able to fill in a form or questionnaire themselves due to disability, incapacity, being deceased or being a newborn or child, the approach should be adjusted (see proxy response process in Section 3.4 [of the Protocols]).

3. The respondent must identify their own ethnicity (called self-identification) regardless of collection method eg, face-to-face contact, use of a form, electronic collection or telephone contact.

4. The collector must not guess ethnicity on behalf of the respondent, transfer the information from another form, or limit the number of ethnicities to be given.

Protocol requirements for recording

1. Ethnicity must be coded according to the classification structure contained in these protocols.

2. Ethnicity must be recorded at Level 2 (Figure 3 [in the Protocols]), as the minimum level of specificity. (This may involve access to Level 4 descriptions and codes in order to aggregate up to the correct Level 2 code.) Residual codes may be grouped to '99 – not stated'.

3. The ethnicity codes or standard text descriptions contained in these protocols must be used to store ethnicity.

4. Any recording system used must be capable of recording three ethnicities. Where the respondent supplies multiple ethnicities, record up to a maximum of three.

5. The prioritisation process must be followed if more than three ethnicities are recorded (see Section 4.4 [of the Protocols]).

Protocol requirements for output

1. One of the following three methods of output must be used: sole/combination, total response (overlapping) or prioritised.

2. The method used must be described or noted along with any analysis.

3. The same output method must be used for both numerator and denominator datasets.

4. Up to three ethnicities must be output to Ministry of Health National Systems. Where more than three ethnicities are available to be output, the prioritisation method described in the protocols must be used.

Appendix Two: Level 2 prioritisation lists (2004 and Supplementary)

Prioritisation for Level 2, as specified in the 2004 Protocols are as follows.

Priority order	Ethnic group code (L2)	Ethnic group code description
1	21	Māori
2	35	Tokelauan
3	36	Fijian
4	34	Niuean
5	33	Tongan
6	32	Cook Island Māori
7	31	Samoan
8	37	Other Pacific Island
9	30	Pacific Island NFD*
10	41	South East Asian
11	43	Indian
12	42	Chinese
13	44	Other Asian
14	40	Asian NFD
15	52	Latin American / Hispanic
16	53	African
17	51	Middle Eastern
18	54	Other
19	12	Other European
20	10	European NFD
21	11	NZ European

Note: NFD = not further defined.

Prioritisation for Level 2, as specified in the Supplementary Notes are as follows.

Priority order	Ethnic group code (L2)	Ethnic group code description
1	21	Māori
2	35	Tokelauan
3	36	Fijian
4	34	Niuean
5	33	Tongan
6	32	Cook Island Māori
7	31	Samoan
8	37	Other Pacific peoples
9	30	Pacific Peoples not further defined
10	41	Southeast Asian
11	43	Indian
12	42	Chinese
13	44	Other Asian
14	40	Asian not further defined
15	52	Latin American / Hispanic
16	53	African (or cultural group of African origin)
17	51	Middle Eastern
18	61	Other ethnicity
19	54	Other
20	12	Other European
21	10	European not further defined
22	11	New Zealand European
94	94	Don't know
95	95	Refused to answer
97	97	Response unidentifiable
99	99	Not stated

Appendix Three: Lists of Level 2 codes (2004 and Supplementary)

Level 2 codes as specified in the 2004 Protocols are as follows.

Level 2 – alphabetical order			Level 2 – code order	
Description	**Code**		**Code**	**Description**
African (or cultural group of African origin)	53		10	European NFD
Asian NFD	40		11	New Zealand European / Pākehā
Chinese	42		12	Other European
Cook Island Māori	32		21	Māori
European NFD	10		30	Pacific peoples NFD
Fijian	36		31	Samoan
Indian	43		32	Cook Island Māori
Latin American / Hispanic	52		33	Tongan
Māori	21		34	Niuean
Middle Eastern	51		35	Tokelauan
New Zealand European / Pākehā	11		36	Fijian
Niuean	34		37	Other Pacific peoples
Not stated	99		40	Asian NFD
Other	54		41	Southeast Asian
Other Asian	44		42	Chinese
Other European	12		43	Indian
Other Pacific peoples	37		44	Other Asian
Pacific peoples NFD	30		51	Middle Eastern
Repeated value * not used	96		52	Latin American / Hispanic
Response outside scope * not used	98		53	African (or cultural group of African origin)
Response unidentifiable * not used	97		54	Other
Samoan	31		96	Repeated value * not used
Southeast Asian	41		97	Response unidentifiable * not used
Tokelauan	35		98	Response outside scope * not used
Tongan	33		99	Not stated

*   These values may be used by organisations for data quality purposes, but they are not part of the standard code set for the health and disability sector.

Level 2 codes as specified in the *Ethnicity Data Protocols Codeset Appendices* (Ministry of Health 2009a) are as follows.

Level 2 – alphabetical order	
Description	**Code**
African (or cultural group of African origin)	53
Asian NFD	40
Chinese	42
Cook Island Māori	32
Don't know	94
European NFD	10
Fijian	36
Indian	43
Latin American/Hispanic	52
Māori	21
Middle Eastern	51
New Zealand European	11
Niuean	34
Not stated	99
Other Asian	44
Other ethnicity	61
Other European	12
Other Pacific peoples	37
Pacific peoples NFD	30
Refused to answer	95
Response unidentifiable	97
Samoan	31
Southeast Asian	41
Tokelauan	35
Tongan	33

Level 2 – code order	
Code	**Description**
10	European NFD
11	New Zealand European
12	Other European
21	Māori
30	Pacific peoples NFD
31	Samoan
32	Cook Island Māori
33	Tongan
34	Niuean
35	Tokelauan
36	Fijian
37	Other Pacific peoples
40	Asian NFD
41	Southeast Asian
42	Chinese
43	Indian
44	Other Asian
51	Middle Eastern
52	Latin American/Hispanic
53	African (or cultural group of African origin)
61	Other ethnicity
94	Don't know
95	Refused to answer
97	Response unidentifiable
99	Not stated

Appendix Four: Quick reference table from the Supplementary notes

This table, from the *Ethnicity Data Protocols Codeset Appendices* (Ministry of Health 2009a) provides a quick reference for assigning NHI Codes according to health care user ethnicity responses.

NHI code to use	Health care user ethnicity response			
10 – European NFD	European			
11 – NZ European	NZ European	New Zealander		
12 – Other European	Afrikaner Albanian American (US) Armenian Australian Austrian Belgian Belorussian Bosnian British – NEC + NFD Bulgarian Burgher Canadian Celtic Channel Islander Cornish Corsican Croat/Croatian	Cypriot Czech Dalmatian Danish Dutch/ Netherlands English Estonian European – NEC + NFD Falkland Islander/Kelper Finnish Flemish French Gaelic German Greek (including Greek Cypriot) Greenlander	Hungarian Icelander Irish Italian Latvian Lithuanian Macedonian Maltese Manx New Caledonian Norwegian Orkney Islander Polish Portuguese Romanian/Rumanian Romany/Gypsy	Russian Sardinian Scottish/Scots Serb/Serbian Shetland Islander Slavik/Slav Slovak Slovene/Slovenian South African South Slav – NEC + NFD Spanish Swedish Swiss Ukrainian Welsh Yugoslavian Zimbabwean
21 – Māori	Māori			
30 – Pacific Island –NFD	Pacific Islander			
31 – Samoan	Samoan			
32 – Cook Island Māori	Aitutaki Islander Atiu Islander Cook Island Māori (NFD)	Mangaia Islander Manihiki Islander Mauke Islander	Mitiaro Islander Palmerston Islander Penrhyn Islander	Pukapuka Islander Rakahanga Islander Rarotongan
33 – Tongan	Tongan			
34 – Niuean	Niuean			
35 – Tokelauan	Tokelauan			
36 – Fijian	Fijian except Fijian Indian/Indo-Fijian			

NHI code to use	Health care user ethnicity response			
37 – Other Pacific peoples	Admiralty Islander Austral Islander Australian Aboriginal Belau/Palau Islander Bismark Archipelagoan Bougainvillean Caroline Islander Easter Islander Gambier Islander Guadalcanalian	Guam Islander/ Chamorro Hawaiian I-Kiribati/Gilbertese Kanaka/Kanak Malaitian Manus Islander Marianas Islander Marquesas Islander Marshall Islander Nauru Islander New Britain Islander	New Georgian New Irelander Ocean Islander/ Banaban Papuan/New Guinean Phoenix Islander Pitcairn Islander Rotuman Islander Santa Cruz Islander Society Islander (including Tahitian) Solomon Islander	Thursday Islander Torres Strait Islander Tuamotu Islander Tuvalu Islander/ Ellice Islander Vanuatu Islander/ New Hebridean Wake Islander Wallis Islander Yap Islander
40 – Asian NFD				
41 – Southeast Asian	Burmese Cambodian Filipino	Indonesian/Javanese Kampuchean/Khmer Lao/Laotian	Malay/Malayan South East Asian – NEC + NFD Sundanese/Sumatran	Thai/Tai/Siamese Vietnamese
42 – Chinese	Chinese – NEC + NFD Hong Kong Chinese	Kampuchean Chinese Malaysian Chinese	Singaporean Chinese Taiwanese Chinese	Vietnamese Chinese
43 – Indian	Anglo Indian Bengali	Fijian Indian Gujarati	Indian – NEC + NFD Punjabi	Sikh Tamil
44 – Other Asian	Afghani Bangladesh Eurasiani	Japanese Korean Nepalese	Other Asian – NEC Pakistani Sinhalese	Tibetan Sri Lankan Tamil
51 – Middle Eastern	Algerian Arab Assyrian Egyptian Iranian/Persian	Iraqi Israeli/Jewish/Hebrew Jordanian Kurd Lebanese	Libyan Middle Eastern – NEC + NFD Moroccan Omani Palestinian	Syrian Tunisian Turkish (including Turkish Cypriot) Yemeni
52 – Latin American/ Hispanic	Argentinian Bolivian Brazilian Chilean Colombian	Costa Rican Creole (Latin America) Ecuadorian Guatemalan Guyanese	Honduran Latin American/ Hispanic NEC + NFD Malvinian Mexican Nicaraguan Panamanian	Paraguayan Peruvian Puerto Rican Uruguayan Venezuelan
53 – African	African American African – NEC + NFD Creole (US)	Eritrean Ethiopian Ghanaian	Jamaican Kenyan Nigerian	Somali Ugandan West Indian/Caribbean
61 – Other	Central American Indian Inuit/Eskimo	Mauritian Islander North American Indian	Other – NEC + NFD Seychelles Islander	South African Coloured South American Indian
94 – Don't know	Don't Know			
95 – Refused to answer				
97 – Response unidentifiable				
99 – Not stated				

NFD = not further defined   NEC = not elsewhere classified

Appendix Five: Patient form for ethnicity data quality audit

See overleaf for form.

We are currently updating our patient details and would appreciate if you would answer the following questions.

Name: _____

Date of birth: _____ / _____ / _____

Which ethnic group do you belong to?
Mark the space or spaces that apply to you.

☐ New Zealand European
☐ Māori
☐ Samoan
☐ Cook Island Māori
☐ Tongan
☐ Niuean
☐ Chinese
☐ Indian
☐ Other *(such as Dutch, Japanese, Tokelauan)*. Please state:

Office use only	
Form	**PMS**
1.	1.
2.	2.
3.	3.

M   PM   TMM

Appendix Six: Detailed assessment guide for staff surveys

The following is an assessment guide against which the staff surveys can be reviewed. It provides a more detailed assessment of survey responses than the rapid assessment sheet provided on pages 15–17. Where attention is required, this detailed assessment guide identifies corrective actions, as well as useful related resources.

Training

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

Recommended actions:
- consider an individual or group staff training session (this could be undertaken as part of existing staff meetings or training)
- consider training staff who are new to the practice on correct processes for ethnicity data collection (this could be included in any existing staff induction processes)
- consider providing staff with resources and support to collect ethnicity data.

Useful resources:
- the ethnicity data collection staff card developed for a study by the Health Utilisation Research Alliance
- the Protocols.

1. **Have you received any training on how to collect or record ethnicity data in primary care?**

    Ideally, staff will have received training in collecting ethnicity data from patients, and your practice 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 in the practice management system (PMS)?**

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

3. **Do you consider that you have an adequate understanding of why ethnicity data are collected in primary care?**

When planning training and refresher courses, you should prioritise those staff who do not consider they have an adequate understanding of why ethnicity data are collected. Evidence suggests that having an understanding of why ethnicity data are collected in health settings facilitates accurate data collection.

4. **Are you comfortable collecting ethnicity data from patients?**

When planning training and refresher courses, you should 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.

Ideal	**Needs attention**	**Needs attention**	
☐	☐	☐	☐
Yes	No	Not sure	N/A

What do you do?

5. **For enrolled practice patients, how often do you check patient ethnicity details?**

Ethnicity data needs to be up to date. Ideally the process of updating it should be at planned intervals. An irregular or opportunistic collection will not result in updated details for all individuals. Therefore, collecting ethnicity data at planned intervals using the protocol collection methods is preferred practice.

Recommended action:

- the practice should establish a policy for updating patients' ethnicity details. This may be done in conjunction with updating other patient details, but must be completed using the standard (Census) ethnicity question and in accordance with the Protocols.

Useful resource:

- sample ethnicity update form (see Appendix Five).

6. **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 ethnicity or complete the question on behalf of the patient.

Recommended action:

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

Useful resources:

- the ethnicity data collection staff card developed for a study by the Health Utilisation Research Alliance
- the Protocols.

7. **Do you have a list of codes available to assist you to record a patient's ethnicity?**

An individual's ethnicity must be recorded at Level 2 (as a minimum). 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 2, and staff will need to aggregate up to the correct Level 2 code.

Recommended action:

- provide training to assist staff to understand the process for correctly identifying the relevant Level 2 codes (or Level 3 and 4 codes, where data are being collected at a greater level of detail). Information on the process for coding ethnicity is outlined in the Protocols.

A look-up table is also provided with the *Ethnicity Data Protocols Codeset Appendices* (Ministry of Health 2009a).

Useful resources:

- lists of the codes (2004 and Supplementary) (see Appendix Three)
- the quick reference table (see Appendix Four)
- the Protocols
- the Ministry of Health's ethnicity code tables, available at www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/ethnicity-code-tables

8. **Do you ever make up a new code to record an ethnicity?**

An individual's ethnicity must be recorded using the standard codes contained in the protocols or the supplementary protocols. Your PMS must record ethnicity using the standard numeric code and corresponding text description outlined in the Protocols and the Supplementary Notes. Practices should not develop their own codes/descriptions or modify the standard codes/descriptions, as it impacts on the quality and standardisation, and therefore the usefulness, of the data.

Recommended actions:

- where a staff member makes up new codes, you should explore the reasons to identify if there is a training/awareness issue (eg, staff not knowing the appropriate procedure for coding ethnicity) or a systems/process issue (eg, the PMS containing incorrect codes)
- the practice should address any issues through appropriate training or a system change, as relevant.

Useful resources:

- lists of the codes (2004 and Supplementary) (see Appendix Three)
- the quick reference table (see Appendix Four)
- the Protocols
- the Ministry of Health's ethnicity code tables, available at www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/ethnicity-code-tables

9. **Which code would you record in the practice management system where a patient provided each of the following responses to the ethnicity question?**

Written-in response of 'Fijian-Indian'	Indian Code 43	Indian Code 43
Written-in response of 'South African'	Other European Code 12	Other European Code 12
Blank (where patient not immediately contactable)	Not stated Code 99	Not stated Code 99
Declined to provide ethnicity	Not stated Code 99	Refused to answer Code 95

Recommended action:

- provide training to assist staff to understand the process for correctly identifying the relevant Level 2 codes (or Level 3 and 4 codes, where data are being collected at a greater level of detail). Information on the process for coding ethnicity is outlined in the Protocols. The revised codes are included in the Supplementary Notes, and a quick look-up table is available in the *Ethnicity Data Protocols Codeset Appendices* (Ministry of Health 2009a).

Useful resources:

- lists of the codes (2004 and Supplementary) (see Appendix Three)
- the quick reference table (see Appendix Four)
- the Protocols
- the Ministry of Health's ethnicity code tables, available at www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/ethnicity-code-tables

10. **Where a patient provides more than three ethnicities, how do you decide which three are recorded in the practice management system? Please explain.**

The correct process for the prioritisation of ethnicities is outlined in the *Ethnicity Data Protocols for the Health and Disability Sector* and the *Ethnicity Data Protocols Supplementary Notes.*

A correct response must include a statement to the effect of:

- prioritisation of level 2 ethnicity being based upon the priority list provided in the *Ethnicity Data Protocols for the Health and Disability Sector* or in the 2009 *Ethnicity Data Protocols Supplementary Notes.*

A correct response may also include reference to:

- prioritisation occurring at code levels 1–2
- a minimum of three ethnicities being entered onto the practice management system, where the number of ethnicities identified by the patient is greater than three
- prioritisation of level 2 ethnicity being based upon the priority list provided in the ethnicity data protocols or in the Supplementary Notes 2009.

An incorrect response may refer to:

- asking the patient to rank their own ethnicities, or pick the 1–3 they most strongly identify with
- a staff member choosing which ethnicities are entered based upon anything other than the protocol priority list.

Recommended action (for an incorrect response, or a partially correct response):

- provide training to assist staff to understand the process for correctly prioritising ethnicity data, where more responses are provided than can be recorded by the PMS. Information on how to prioritise at Level 2 is provided in the Protocols. A look-up table is also provided in the *Ethnicity Data Protocols Codeset Appendices* (Ministry of Health 2009a).

Useful resources:

- prioritisation list (2004 and Supplementary) (see Appendix Two)
- the quick reference table (see Appendix Four)
- the Protocols.

What do you think?

11. **Have you experienced any difficulties with collecting ethnicity data from patients or recording ethnicity data in the PMS?**

    If yes, please explain.

    Research has identified a number of barriers in relation to collecting and inputting ethnicity data in health care settings, including: a lack of understanding about why ethnicity data are 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 (eg, systems not having the right codes, or not making it easy to record multiple ethnicities); high staff turnover; and concern about offending people (for further information on barriers and facilitators, see Cormack and McLeod 2010).

    Recommended action:

    - the practice should identify whether staff difficulties with collecting ethnicity data relate to training or to practice systems or processes, and address these as appropriate.

    Useful resources:

    - the ethnicity data collection staff card developed for a study by the Health Utilisation Research Alliance
    - the Protocols.

12. **Is there anything that would make it easier for you to collect and record ethnicity data from practice patients?**

    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 (eg, changes to standard codesets).

    Recommended actions:

    - where staff identify something that would make it easier for them to collect and record data, you should 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 is not compliant with the Protocols

- the practice should report back to staff on their reasons for adopting (or not) solutions identified by staff.

Useful resource:

- the Protocols.