

# Optimizing demographic data collection

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# REaL and SOGI demographic data collection

The focus for this project is to create best practices for data collection across the organization and improve data accuracy.

The goals for these improvements are to:

- provide an accurate representation of the population;
- prepare for stratification of the data; and
- enable data stratification to develop ways to reduce health disparities.

Historical data collection efforts have not been standardized across the organization.

- Inconsistent data collection format on various data elements.
- Variation in registrars' knowledge and process on REaL and SOGI data collection.


# Our project successes

- ❖ **Health equity:** created a new department with a full-time Director and Project Manager.
- ❖ **Training:** over 95% (300+) of registration staff have been trained on the importance of data collection.
  - Hired vendor for on-site, real-time training that included role-playing, narrative and scripts.
- ❖ **REaL and SOGI data attributes:**

| <u>Current Location</u> | <u>Admit Location</u> | <u>User</u> | <u>MRN</u> | <u>Visit Number</u> | <u>Admit Reg Date</u> | <u>Preferred Language</u> | <u>Communication Preferences</u> | <u>Interpreter Required</u> | <u>Language Ability</u> | <u>Race</u> | <u>Hispanic Ethnicity</u> | <u>Gender Identity</u> | <u>Sexual Orientation</u> |
|-------------------------|-----------------------|-------------|------------|---------------------|-----------------------|---------------------------|----------------------------------|-----------------------------|-------------------------|-------------|---------------------------|------------------------|---------------------------|
|-------------------------|-----------------------|-------------|------------|---------------------|-----------------------|---------------------------|----------------------------------|-----------------------------|-------------------------|-------------|---------------------------|------------------------|---------------------------|

- Enhanced data extraction process to improve aggregation and expanded the demographic fields to include REaL and SOGI data elements.
- Synchronized workflows for paper and electronic registration.
- Created a monthly demographic data report for all sites.
- Patient information forms have been updated, barcoded and translated into top five languages.
- Pilots of patient information forms and registration workflows have been evaluated for best practices.

# New patient information forms



## Adult Patient Information Form

Patient Label

Thank you for choosing BronxCare! The information you provide on this form will assist your health care team in caring for you. All information is confidential. If you need help filling out this form, please notify the front desk staff.

### YOUR CONTACT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_

Sex at Birth  Female  Male Social Security Number \_\_\_\_\_

What is your housing situation today?  I have housing  I choose not to disclose  
 I do not have housing (shelter, street, doubled up, transitional)

Address \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Do you approve BronxCare reminding you of your appointments by text message?  Yes  No

Email Address \_\_\_\_\_

You will receive an email invitation to join BronxCare's patient portal FollowMyHealth, which is a secure way to view your test results and medical records, email your medical provider, and read health education materials.

### TELL US ABOUT YOU

We are asking more detailed questions to help us meet the needs of all our patients.

|  |   |
|--|---|
| <p>What is your <b>gender identity</b>?</p> <p><input type="checkbox"/> Female/Woman</p> <p><input type="checkbox"/> Male/Man</p> <p><input type="checkbox"/> Trans Woman (Male to Female)</p> <p><input type="checkbox"/> Trans Man (Female to Male)</p> <p><input type="checkbox"/> Other (Nonbinary, Genderqueer, or Not exclusively female or male)</p> <p><input type="checkbox"/> I choose not to disclose</p> | <p>What is your <b>sexual orientation</b>?</p> <p><input type="checkbox"/> Lesbian or Gay</p> <p><input type="checkbox"/> Heterosexual (Straight)</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> I do not know</p> <p><input type="checkbox"/> I choose not to disclose</p> |
|--|---|

In what **language** do you prefer to TALK or READ about your health matters?

English  Spanish  French  Arabic  Bengali  \_\_\_\_\_

When **learning** something new, how do you prefer to learn about it?

Read  Listen  Watch a demonstration

[Continue](#)

Do you identify as Hispanic, Latino/a/x, or of Spanish origin?

Yes: Select all that apply:

Mexican, Mexican American, Chicano/a

Puerto Rican

Cuban

Dominican

Other Hispanic, Latino/a/x, or Spanish origin \_\_\_\_\_

No

I choose not to disclose

What **race/ethnicity** do you identify with?  
Select all that apply:

Black / African American

White

American Indian / Alaska Native

Asian:

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian \_\_\_\_\_

Other Race \_\_\_\_\_

I choose not to disclose

Pacific Islander:

Native Hawaiian

Guamanian/Chamorro

Samoan

Other Pacific Islander \_\_\_\_\_

### GUARANTOR INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Apartment \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Phone Number \_\_\_\_\_

Revised 08.2023

# Our project successes

- ❖ **Website:** added patient-facing information on REaL and SOGI data collection to BronxCare’s website.



**BronxCare**  
HEALTH SYSTEM

Home About Us Highlights Our Services Physicians Nursing BronxCar

**About Us**

- General Overview
- **Health Equity**
- Mission, Vision, and Values
- History
- Accreditations & Affiliations
- Community Health Needs Assessment and Community Service Plans
- Compliance Policy
- Paying for Care
- Charity Care Policy

**Health Equity at BronxCare Health System**

Health Equity at BronxCare is about ensuring that all our patients achieve the best possible health outcomes regardless of race, ethnicity, language preference, gender identity, sexual orientation, or any other individual characteristics.

We are committed to identifying inequalities and putting strategies in place to address them. Here at BronxCare, quality care is tailored to meet the individual needs of our patients. We believe that quality patient-centered care is always equitable care.

**What is “We Ask Because We Care”?**

# Best practices from model site

## Decreasing null values at BronxCare outpatient locations

We observed significant decreases in null values for gender identity, sexual orientation and birth sex from May to August.

| Gender Identity        | Percentage of total in May | Percentage of total in August |
|------------------------|----------------------------|-------------------------------|
| Female                 | 44.13%                     | 52.71%                        |
| Null                   | 30.46%                     | 14.20%                        |
| Male                   | 25.41%                     | 33.00%                        |
| Sexual Orientation     | Percentage of total in May | Percentage of total in August |
| Straight               | 61.93%                     | 81.93%                        |
| Null                   | 37.90%                     | 17.11%                        |
| Lesbian or Gay         | 0.08%                      | 0.41%                         |
| Choose not to disclose | 0.04%                      | 0.50%                         |
| Birth Sex              | Percentage of total in May | Percentage of total in August |
| Female                 | 43.79%                     | 52.84%                        |
| Null                   | 29.49%                     | 12.88%                        |
| Male                   | 26.67%                     | 34.18%                        |

# Challenges

- ❖ Patient population and reactions:
  - Multiple interpretations of demographic questions.
  - Maintaining the consistency of asking the questions to collect the data.
  - Understanding various registration workflows and varying logistics at each site (patient privacy areas).

# What we learned

- Patients had no issues providing information for REaL data; however, SOGI is a challenge.
- Mixed reactions to SOGI screening questions from both registration staff and patients.
- Patients had multiple interpretations of questions.
- Extracted demographic data shows a high number of blank (Null) data fields for SOGI.
- Identify best practices for collecting SOGI data using pilot sites with high SOGI data capture rates and low Null values.
- Ongoing reporting and monitoring increases staff compliance.

## Original SOGI options

|  |   |
|--|---|
| <p>What is your <b>gender identity</b>?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Female/Woman</li> <li><input type="checkbox"/> Male/Man</li> <li><input type="checkbox"/> Trans Woman/Transfeminine</li> <li><input type="checkbox"/> Trans Man/Transmasculine</li> <li><input type="checkbox"/> Other (Gender queer, Nonbinary, Not exclusively female or male)</li> <li><input type="checkbox"/> I choose not to disclose</li> </ul> | <p>What is your <b>sexual orientation</b>?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lesbian or Gay</li> <li><input type="checkbox"/> Heterosexual (or straight)</li> <li><input type="checkbox"/> Bisexual</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> I do not know</li> <li><input type="checkbox"/> I choose not to disclose</li> </ul> |
|--|---|

## New SOGI options

**TELL US ABOUT YOU** *We are asking more detailed questions to help us meet the needs of all our patients.*

|   |  |
|---|--|
| <p>What is your <b>gender identity</b>?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Female/Woman</li> <li><input type="checkbox"/> Male/Man</li> <li><input type="checkbox"/> Trans Woman (Male to Female)</li> <li><input type="checkbox"/> Trans Man (Female to Male)</li> <li><input type="checkbox"/> Other (Nonbinary, Genderqueer, or Not exclusively female or male)</li> <li><input type="checkbox"/> I choose not to disclose</li> </ul> | <p>What is your <b>sexual orientation</b>?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lesbian or Gay</li> <li><input type="checkbox"/> Heterosexual (Straight)</li> <li><input type="checkbox"/> Bisexual</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> I do not know</li> <li><input type="checkbox"/> I choose not to disclose</li> </ul> |
|---|--|



# What's next?

## ❖ Next steps for this project:

- Finalize HR training modules for annual compliance, including LGBTQ+ terminology.
- Creating patient education literature and brochures.
- Updates to EMR dashboard.
- Develop ongoing staff compliance reports.

### Completed EMR updates: Added "Dominican" to Hispanic Ethnicity.

The screenshot shows the 'Other Demographics' section of an EMR form. The 'Hispanic Ethnicity' dropdown menu is open, showing a list of options: 'Not Hispanic', 'Mexican/Chicano', 'Puerto Rican', 'Cuban', 'Dominican', 'Other Spanish/Latina', and 'Unknown'. The 'Dominican' option is currently selected. Other fields include 'Preferred Language' (Bambara), 'Race' (Japanese), 'Religion', 'Gender Identity', 'Deceased Date', 'Deceased Time', 'Interpreter Required' (unchecked), 'Language Ability', 'Veteran', 'Approve Clergy Visit' (checked), and 'Birth Sex'. There is also an 'Allergies...' button.

### Added "Sign Language" to the Preferred Language category.

The screenshot shows the 'Other Demographics' section of an EMR form. The 'Preferred Language' dropdown menu is open, showing a list of options: 'Sign Language', 'Mandingo', 'Mandarin', 'Bambara', 'Wolof', 'Albanian', 'Asante', 'Cambodian', and 'Cantonese'. The 'Sign Language' option is currently selected. Other fields include 'Race' (Bla), 'Religion', 'Gender Identity', 'Deceased Date', 'Deceased Time', 'Hispanic Ethnicity' (Not Hispanic), 'Place of Worship', 'Sexual Orientation', 'Note', 'Interpreter Required' (unchecked), 'Language Ability', 'Veteran', 'Approve Clergy Visit' (checked), and 'Birth Sex' (Female). There is also an 'Allergies...' button.



**ADVANCING HEALTHCARE**  
**EXCELLENCE AND INCLUSION**

# Questions?

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