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| Primary Care Ethnicity Data Audit ToolkitRapid assessment sheet for staff surveys | December 2021 |

This rapid assessment sheet can be used to mark completed staff surveys. Any answers that require follow-up actions shaded in **orange**. Where an answer is assessed as ‘needs attention’, refer to the Detailed guidance on staff survey responses for corrective actions and useful resources.

Each staff survey should be marked separately to identify issues that relate to individual staff members. It may also be worth reviewing staff surveys collectively, to identify issues that have arisen for more than one participant.

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| **Name of staff survey participant:** |       |
| **Date:** |       |

## Training

|  |  |
| --- | --- |
| 1. | Have you received any training on how to collect or record ethnicity data in primary care? |
|  | **Ideal** | **Pass** | **Needs attention** |  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 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 in the practice management system (PMS)? |
|  | **Highest priority** |  |  |  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Frequently (on mostdays I am working) | Occasionally(once a week) | Infrequently(once a month or less) | N/A |
| 3. | Do you consider that you understand why ethnicity data is 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 |

## What do you do?

|  |  |
| --- | --- |
| 5. | How often do you check patient ethnicity details for patients enrolled in your practice? |
|  | **Pass** | **Needs attention** | **Needs attention** |  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | On initial patient enrolment/registrationand regularly (at least three-yearly) thereafter | On initial patient enrolment/registration and irregularly thereafter, or at intervals greater than three-years apart | On initial patient enrolment/registration only or not sure | 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 or search function to help you 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 your practice management system 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 | 43112 |  |
|  | Written-in response of ‘Cook Islander’ | Cook Island Māori | 32100 |  |
|  | Blank (where patient not immediately contactable) | Not stated code | 99999 |  |
|  | Declined to provide ethnicity | Refused to answer | 95555 |  |
|  |  |
| 10. | Are you able to record up to six ethnicities for an individual in your PMS? |
|  | **Ideal** | **Needs attention** |  |  |
|  | [ ]  | [ ]  |  |  |
|  | Yes | No |  |  |
|  | If **YES**, where a patient provides more than six ethnicities, how do you decide which six are recorded in the PMS? Please explain. |
|  | **A correct response must include a statement that covers the following points.**Where more than six ethnicities are provided by the patient, those selected to be recorded are to be based on the random manual reduction method outlined in the [HISO 10001:2017 Ethnicity Data Protocols](https://www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols), Appendix A.The response may also include reference to:* the IT software we use reduces the number of ethnicities recorded to six based on the StatsNZ random reduction method
* removing codes that would be assigned to a level 1 residual code
* mapping all level 4 codes to level 1
* retaining responses that have only one level 4 ethnicity code mapping to a level 1 code
* where more than one ethnicity is assigned to the same level 1 code randomly selecting one of the level 1 categories having more than one level 4 ethnicity and then randomly selecting one of the level 4 codes from that category to retain. Continue doing this until only six level 4 codes remain.
* a minimum of six ethnicities being entered into the PMS where the number of ethnicities identified by the patient is greater than six.

**An incorrect response may refer to:*** asking the patient to rank their own ethnicities, or picking up to six they most strongly identify with
* a staff member choosing which ethnicities are entered based on anything other than the random method described above.
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|  | If **NO**, where a patient provides more ethnicities than you can record, how do you decide which ethnicities are recorded in the PMS? Please explain.Where six ethnicities cannot be collected, the prioritisation method outlined in the Ethnicity Data Protocols should be used rather than the Stats NZ random reduction method. If, in their response to this question, a staff member indicates that they made 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 Ethnicity Data Protocols.

The 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 Ethnicity Data Protocols.

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.
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