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IPC Demographic Expansion Guidance: Race/Ethnicity

Demographic Expansion Description

The goal of expanding the demographic data that we collect through IPC is to identify which populations we are serving well and which populations we are missing. In order to figure out who we are missing among those callers (and who we are currently capturing), we need more information about the callers themselves. The collection of this data will help us to identify populations that would benefit from further outreach and education.

While race and other demographic information is captured in the customer satisfaction survey, it serves a different purpose and represents only a small fraction of the population we serve.

The demographic expansion is meant to be a workflow addition that will improve our data, not decrease morale, or job satisfaction. Please reach out if you experience any significant issues, feel overwhelmed, or have any concerns.

Question

1. With which race do you identify?
2. Do you identify as Hispanic or non-Hispanic?

Answers (from ToxSentry dropdown)

- Asian (including SE Asian/Indian)
- Black, Hispanic
- Black or African American, non-Hispanic
- Hispanic/Latinx
- Multi-racial or Multi-ethnic
- Native American or Alaskan Native
- Native Hawaiian or Pacific Islander
- White, Hispanic
- White, non-Hispanic
- Other (add comment)
- Prefer Not to Say/Refused
- Unable to obtain

Workflow

The above questions can be added to your workflow as you see fit—wherever in your conversation with the caller that it feels most natural for you. Race/Ethnicity can also be taken from the patient's EMR/hospital chart if using EMRs to update the IPC chart.

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Ask the questions above and document the response in the 'Race' dropdown menu of the ToxSentry. The patient may decline to answer, prefer not to say, or give a specific answer. There is no obligation to answer the race/ethnicity question and a non-response or leaving it blank will not affect closing your chart. Please attempt to ask every patient or read every EMR for this data.

To summarize, the two options for collecting race are:

1. Ask the question above
2. Read the EMR and locate race/ethnicity

Once you do one of the above, document the answer in the Race dropdown menu in ToxSentry.

If a second dropdown menu appears ignore the second dropdown menu. This is known to happen when selecting Black or African American, non-Hispanic OR White, non-Hispanic OR Multi-racial or Multi-ethnic. It is a ToxSentry 'feature' that cannot be easily edited, added, or removed.

When forwarding the caller to take a survey, use Jabber/Teams IM to message the age and race to the IPC's team member who is performing the surveys.

De-escalation

In the unlikely event that a caller becomes hostile, combative, or abusive about being asked a demographic question, you may use the following strategies to de-escalate:

1. Describe why we are collecting the information
 - a. Public Health Outreach—for poisoning prevention education across all communities
2. Specify that they are not required to respond to the question and they may select 'Prefer Not to Say' if they would like
3. Refer to management and inquire if they would like to speak to the director (Adam) regarding the reasoning for asking demographic information (last resort for a truly hostile individual)

Escalation is highly unlikely. We have piloted this in the customer satisfaction survey and there has been no pushback from the callers/those being surveyed about the call. If you do feel that there is significant pushback or concerns, please share that feedback with Adam, me, spenfound@iuhealth.org, or anyone else on the data improvement team.

We piloted this project starting on November 14, 2022. We have had zero abusive, hostile, or abrasive callers.

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FAQ

1. If a person reports that they are middle eastern or Indian, where should we document that?
 - Indian should be documented as 'Asian (including SE Asian/Indian)'. For patients who are Middle Eastern, in the race drop down, select 'Other,' then time permitting, document 'Middle Eastern' in the narrative. Example: 'Mother of 5 y/o M, Middle Eastern patient called because child ate crayons'.
 - If you have any other races/ethnicities that are very common, please reach out, as we can make some adjustments to ToxSentry.
2. Should I ask every *home* caller?
 - You should try to ask **every** caller regardless of where they are or how they reached the poison center. The one exception is using the EMR to do a look up, which will require little to no inquiring.
3. People who have called IPC before may suggest that they have never been asked this before and why are they being asked now. How should I handle this?
 - One way to handle this is to inform them that IPC is increasing our public health outreach and have started collecting this information to help prevent poisonings.
4. Are we interested in the patient or the caller?
 - We are interested in the patient.
5. If the patient is multi-racial, should we mark other and write in the races or just select multi-racial?
 - The best way to do this is to select Multi-Racial in the drop down menu. Time permitting, annotate which races were specified in the narrative. Example: '34 y/o F, multi-racial (Black/Asian) pt called in concerned about CO'
6. I am trying to figure out what might be the best way to ask because it doesn't feel natural in the conversation. What are your suggestions?
 - Getting used to and finding your best workflow might take some time. Most of the pilot SPIs report the process taking about 1 week to feel fully comfortable.
 - A few strategies to help with this transition:
 - **Try asking the question at the end of the call after you ask for ZIP code. You can use this wording: "I have a few demographic questions for you...". As a reminder, ZIP code is a required field. For that reason, it is suggested that you ask about ZIP code first, then proceed with race/ethnicity. (This is overwhelmingly the option that the pilot SPIs preferred.)**
 - Work the question in with similar questions—try asking it right after age. Since these are both demographics that might feel more natural to the flow of the conversation.

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- If the caller states “why do you need to know?” or “What is this for?”, you can reply with something like: “it’s for our public health initiative, and it is not required to respond—we have a Prefer Not to Say option if that would be preferable to you.”
 - Introduce the topic as being part of our public health initiative
 - ‘I have one more demographic question for you, as part of our public health initiative, what race do you identify as?’
7. When should I use (none), Unable to Obtain, Prefer Not to Say/Refused, or Other (add comment)?
- **(none)/blank**—Use this if you do not ask
 - **Unable to Obtain**—Use this if you are not able to ask for any reason
 - **Prefer Not to Say/Refused**—Use this option if the patient has indicated that they do not want to share or if they are unwilling to share for any reason
 - **Other (add comment)**—Use this option if a person indicates any race and/or ethnicity that is outside of the options in the dropdown. Document what the patient reports as their race/ethnicity in the narrative.
8. Who were the pilot SPIs?
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9. I still need help after reading this guidance OR I have concerns/questions/comments. Who should I contact?
- You are welcome to come to Adam or Shannon. Likewise, the pilot SPIs mentioned in FAQ #8 are exceptionally good resources and can assist as well!