Ontario Health Toronto Adult Hospital Equity Data Collection Indicators Technical Specifications

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Ontario Health
Toronto

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Reporting Schedule and Monitoring Process for Hospitals

The purpose of this reporting is to measure progress of collecting equity data and how hospital patients are responding to equity data collection. Hospitals have been collecting data based on the 8 standardized Toronto Region Measuring Health Equity (MHE) questions since 2013 and planned to have implemented the updated MHE questions as of June 30, 2023. This monitoring will focus on the 13 new MHE questions: preferred language, place of birth, Indigenous identity, ethnic/cultural background, racial group, (dis)ability, sex assigned at birth, gender identity, transgender identity, sexual orientation, affordability of basic needs, family income and people supported by income.

Hospital Equity Obligations will be monitored together with the H-SAA indicators. The reporting is aligned with existing H-SAA reporting requirements indicated in Schedule C3 as well as the Ontario Health: Guidance Document for Service Accountability Agreement Local Obligation document (pages 7 and 8).

3) Data Collection, Analysis & Use

i. **Continued collection of Measuring Health Equity Data**

Hospitals

- Continue to actively support Toronto Region Health Equity Initiatives through supporting approaches to service planning and delivery that: identify health inequities, actively seek new opportunities to address health inequities, and reduce existing health inequities.
- Implement the updated Measuring Health Equity questions and monitor the progress of implementation against the Measuring Health Equity Expectations document
- Submit demographic/equity data to Institute for Clinical Evaluative Sciences (ICES) to link equity data and health outcomes with the aim to link data and other administrative databases

Updated Measuring Health Equity Question: https://torontohealthequity.ca/

Overall Goals:

- Assess individual hospital progress toward the system target of collecting demographic data from 75% of patients seen in Ontario Health hospital system (Indicator #1)
- Assess the proportion of individuals approached who declined to respond to the questionnaire (Indicator #2)
- Monitor data quality through indicators (Indicator #3):
    a) Missing Equity Data Rate
    b) Prefer Not to Answer Rate
    c) Do Not Know Rate
    d) Combined Data Quality Rate
        This is the proportion of unusable data

Targets:

Given the differences in hospitals, Ontario Health appreciates that hospitals have different approaches and methods to implementing the new 13 MHE questions. Some organizations have been able to implement questions in all areas whereas others are taking a phased approach as per the expectations document. As such, it is expected that some organizations will not reach a 75% participation rate in this fiscal year (2023/24).

1) ***For Acute Care Hospitals[1]:***

Each hospital will work toward collecting and reporting data on 75% of patients:

In Phase 1 (by June 30, 2023) each hospital will work toward collecting data in the following areas:

a. Inpatient and Day Surgery
b. 3 high volume areas

In Phase 2 (by December 31st, 2023)

Acute including ED, Diagnostics, Women & Babies, and all Outpatient

2) ***For Rehab / CCC and Specialty Hospitals[2]:***

By December 31, 2023 each hospital will collect and report data for all registration, the inpatient admissions, and outpatient clinics as applicable.

Collection rates will be reported based on total number of patients being served.

[1] Includes CAMH and SickKids as applicable.
[2] Also includes Holland Bloorview and Women's College Hospital

Reporting Periods

Hospital Equity Obligations will be monitored together with the H-SAA indicators. The reporting will be aligned with existing H-SAA reporting requirements indicated in Schedule B, and submission dates will be similar. Providers who are not meeting performance will be required to submit a plan for how they will progress to the target.

Indicator Report Due Dates:

Fiscal 2023/24:

Q2 report: Differed

Q4 - year-to-date report: Hospitals will report on the **3 equity indicators** to Ontario Health Toronto for data collected between **April 1, 2023 to March 31, 2024 – due date September 27, 2024**. A response will be provided by the Health Analytics Team.

Given that 2023/24 was focused on implementing the updated MHE questions, we recognize that hospitals started actual data collection at different time periods. This will be taken into consideration when looking at the data. Furthermore**, the data collected for this reporting is for monitoring purposes rather than performance measurement.**

Fiscal 2024/25 and onwards:

Q2 report: Hospitals will report on **the 3 equity indicators** to Ontario Health Toronto for data collected between 1st April to 30th September of the reporting year – **due date November 7th of each year.** A response will be provided by the Health Analytics Team.

Q4 Fiscal year-to-date report: Hospitals will report on the 3 **equity indicators** to Ontario Health Toronto – **due date June 7th of each year.** A response will be provided by the Performance, Accountability and Funding Allocations Team.

1. Hospital Equity Data Collection Participation Rate

Indicator Description

Specification	Description
DETAILED DESCRIPTION OF THIS INDICATOR	This indicator calculates the total number of **eligible** hospital patients who received the Ontario Health Toronto (formerly, Toronto Central LHIN) standardized equity questions as a percentage of the total number of hospital patients seen across all departments in the reporting period. Demographic questions are: preferred language/s, place of birth/arrival in Canada, Indigenous identity, ethnic/cultural background, racial group, (dis)ability and related supports, sex assigned at birth, gender identity, transgender identity, sexual orientation, affordability of basic needs, and family income and number of people it supports. Assumptions: • The equity data collection is voluntary, and some patients may prefer not to respond to some or all of the questions • Patients should be asked these questions at the first encounter, and then after every two years to determine if there have been any changes in the patient's status
INDICATOR CLASSIFICATION	H-SAA Toronto Region Specific Local Obligation
TARGET	Ontario Health Toronto Region Target: >=75%
INDICATOR CALCULATION	(Numerator / Denominator)*100

NUMERATOR

Specification	Description
CALCULATION	The number of patients who have responded OR declined to respond to the socio-demographic questions included in the hospital's EMR
DATA SOURCE	Self-Reported by hospitals

EXCLUSION / INCLUSION CRITERIA	**Inclusions:** • Includes all **eligible** patients seen by the hospital within the corresponding reporting period • Patients who responded to at least one question (include where the response is 'prefer not to answer or 'do not know' • Patients who have been contacted and who declined to respond should be recorded as ***Declined the Questionnaire*** for <u>all</u> questions **Exclusions:** • Emergency Department Patients with a CTAS score of 1 or 2 • Palliative Care Patients (optional - based on individual hospital practices) • Patients who do not have information (i.e., missing) for all questions should be considered not to have been asked the questions

DENOMINATOR

Specification	Description
CALCULATION	The total number of patients seen by a hospital within the corresponding reporting period. This is a count of each MRN for the most recent visit in the reporting period
DATA SOURCE	Hospital IT system
EXCLUSION / INCLUSION CRITERIA	**Inclusions:** **All patients** seen by the hospital across **all departments and areas** within the corresponding reporting period (i.e., also includes programs not currently targeted for data collection).

GEOGRAPHY & TIMING

Specification	Description
TIMING / FREQUENCY OF RELEASE How often, and when, are data being released	Semi-annually
LEVELS OF COMPARABILITY Levels of geography for Comparison	Currently, standardized equity data questions are collected by Ontario Health Toronto Region Hospitals only

TRENDING Years available for trending	Phased data collection for the new 13 demographic questions started in June 2023.

Additional Information

Specification	Description
COMMENTS Additional information regarding the calculation, interpretation, data source, etc.	**Rationale and Interpretation:** • This indicator is a measure of progress in collection of demographic data by hospitals. • Connecting socio-demographic data to indicators linked to service utilization and health outcomes will allow hospitals and the Toronto Region to: - determine who is and who is not being served, - identify health inequities and determine who is most affected by them, and - examine the effect of social factors on health indicators • Information about the type and magnitude of health inequities can inform the development of strategies to reduce inequities by: - aligning practices with unmet needs, - providing evidence-driven input for policy development and service planning • Equity data can also be used to inform direct clinical care. • All these will in turn lead to system benefits of reduced costs through addressing issues such as repeat ED visits and inpatient readmissions. **Limitations:** • In a few cases, patients may be unable to respond to the questions, e.g., too ill to communicate. • When hospital data collection processes do not enable hospitals to audit whether patients received the questions, e.g., numerator includes patients who were never asked but were recorded as 'Declined the questionnaire' or 'prefer not to answer', this affects data quality**.** **Additional Indicators that Hospitals can Monitor:** To obtain a more wholesome picture of the progress of equity data collection in their facilities, hospitals are encouraged to look at additional indicators such as: a) Participation Rate for Targeted Area: The number of patients who have responded to socio-demographic questions (one or more of the 13 standard questions) included in the hospital's EMR divided by the total number of eligible patients seen by a hospital within the corresponding reporting period minus Excluded patients e.g., CTAS 1 and 2

REFERENCES Provide URLs of any key References	Hospital demographic questions: https://torontohealthequity.ca/
RESPONSIBILITY FOR REPORTING	Health Service Providers
DATE CREATED (YYYY-MM-DD)	2016-11-28
DATE LAST REVIEWED (YYYY-MM-DD)	2024-08-28

2. Decline to Respond Rate (New)

Indicator Description

Specification	Description
DETAILED DESCRIPTION OF THIS INDICATOR	This indicator calculates the percentage of individuals who were presented with the questionnaire but declined to respond (i.e., complete the whole questionnaire).
INDICATOR CLASSIFICATION	H-SAA Toronto Region Specific Local Obligation
TARGET	TBD
INDICATOR CALCULATION	(Numerator / Denominator)*100

NUMERATOR

Specification	Description
CALCULATION	The total number of individuals who declined the questionnaire.
DATA SOURCE	Self-reported by hospital
EXCLUSION / INCLUSION CRITERIA	**Inclusions** • All patients who were presented with the opportunity to complete the questionnaire but declined to respond: • Patients explicitly 'declined to answer' by indication on the form • Patients who return blank forms (implied decline) These patients should be recorded as ***Declined the Questionnaire*** for ***all*** questions**.** **Exclusions:** • Patients with no recorded response (i.e. missing) for all questions should be assumed to have not been presented with the questionnaire

DENOMINATOR

Specification	Description
CALCULATION	The total number of patients who were presented with the opportunity to respond to the MHE questionnaire. This is captured by a count of each MRN for the most recent visit in the reporting period.
DATA SOURCE	Self-reported by hospital

EXCLUSION / INCLUSION CRITERIA	**Inclusions:** • All patients who received the MHE questionnaire. **Exclusions:** • Patients with no recorded response (i.e. missing) for all questions should be considered to have not been presented with the questionnaire.

GEOGRAPHY & TIMING

Specification	Description
TIMING / FREQUENCY OF RELEASE How often, and when, are data being released	Semi-annually
LEVELS OF COMPARABILITY Levels of geography for Comparison	Currently, standardized demographic data questions are collected by Ontario Health Toronto Region Hospitals only.
TRENDING Years available for trending	Phased data collection for the new 13 demographic questions started in June 2023.

Additional Information

Specification	Description

COMMENTS Additional information regarding the calculation, interpretation, data source, etc.	**Rationale and Interpretation:** • A high proportion of 'Declined the Questionnaire' data affects the accuracy and generalizability of the data collected and measures calculated from this data e.g., averages, proportions, and other population parameters will be biased. • High 'Declined to respond' rates can be due to several reasons including the data collection process used, patients not being given a rationale for data collection and use, hesitancy in providing information due to fear of stigma or discrimination, etc. The issue may potentially affect some specific marginalized groups more than other groups. • Monitoring of 'Decline to Respond' rates along with other data quality measures (i.e., **Missing Equity Data Rate, Prefer Not to Answer Rate, and Do Not Know Rate**) can help hospitals identify areas to improve demographic data collection and address any barriers causing hesitancy in participating in the questionnaire.
REFERENCES Provide URLs of any key References	Hospital demographic questions:
RESPONSIBILITY FOR REPORTING	Health Service Providers
DATE CREATED (YYYY-MM-DD)	2023-09-01
DATE LAST REVIEWED (YYYY-MM-DD)	2024-08-28

3. Hospital Data Quality Indicators (Modified)

e) **Missing Equity Data Rate**
f) **Prefer Not to Answer Rate**
g) **Do Not Know Rate**
h) **Combined Data Quality Rate**
This is the proportion of 'unusable data' for program planning, but useful for data quality improvement).

These indicators are calculated for i) each individual question, ii) combined for all questions.

Note: ***Responses for Indigenous Identity question will not be included in these indicators for now. So there are 12 questions instead of 13 for this section.***

Indicator Description

Specification	Description
DETAILED DESCRIPTION OF THIS INDICATOR	**3a) Missing Rate:** This indicator calculates the percentage of individuals who left a question unanswered/blank per demographic question for those patients who received the questions and provided responses. **3b) Prefer Not to Answer Rate:** This indicator calculates the percentage of individuals that selected the "Prefer Not to Answer" option per demographic question for those patients who received the questions and provided responses. **3c) Do Not Know Rate:** This indicator calculates the percentage of individuals that selected the "Do Not Know" option per demographic question for those patients who received the questions and provided responses. **3d) Combined Data Quality Rate:** This indicator is a sum of the above indicators (Missing Equity Data Rate, Prefer Not to Answer Rate, and Do Not Know Rate), providing the total proportion of data that is 'unusable' from that which was collected. Demographic questions are: preferred language/s, place of birth/arrival in Canada, ethnic/cultural background, racial group, (dis)ability and related supports, sex assigned at birth, gender identity, transgender, sexual orientation, affordability of basic needs, and family income and number of people it supports. **Assumptions:**

	• The equity data collection is voluntary, and some patients may prefer not to respond to some or all of the questions.
INDICATOR CLASSIFICATION	H-SAA Toronto Region Specific Local Obligation
TARGETS	**Indicators 3a), 3b) and 3c):** Ontario Health – Toronto Region Target: <=10% **Indicator 3d):** TBD
INDICATOR CALCULATION	(Numerator / Denominator) *100

NUMERATOR

Specification	Description
CALCULATION	**3a)** The number of patients that left a question unanswered/blank per demographic question for those patients who received the questions and provided responses. **3b)** The number of patients that selected the "Prefer Not to Answer" option per demographic question for those patients who received the questions and provided responses. **3c**) The number of patients that selected the "Do Not Know" option per demographic question for those patients who received the questions and provided responses. **3d)** Sum of a), b) and c).
DATA SOURCE	Self-reported by hospitals
EXCLUSION / INCLUSION CRITERIA	**Inclusions:** • Includes all eligible patients seen by the hospital within the corresponding reporting period • Patients who responded to at least one question • Responses include *Missing, Prefer not to answer* and *Do not know* as relevant for each indicator **Exclusions:** • Emergency Department Patients with a CTAS score of 1 or 2 • Palliative Care Patients (optional - based on individual hospital practices) • **Patients who have been contacted and who declined the questionnaire** (instead should be counted for Indicator #2)

DENOMINATOR

Specification	Description
CALCULATION	For the 4 data quality indicators (a) Missing Equity Data Rate, b) Prefer Not to Answer Rate, c) Do Not Know Rate, and d) the denominator is the same: The total number of patients who responded to at least one of the **12** demographic questions in the questionnaire *(excludes Indigenous Identity question).* Denominators are captured by a count of each MRN for the most recent visit in the reporting period.
DATA SOURCE	Hospital IT system
EXCLUSION / INCLUSION CRITERIA	**Inclusions:** All patients seen by the hospital within the corresponding reporting period that responded to at least one of the **12** demographic questions *(excludes Indigenous Identity question)*. **Exclusions:** • Patients that declined to respond to the questionnaire completely • Patients that were not presented with the opportunity to respond to the questionnaire • ED patients with CTAS score of 1 and 2 • Palliative Care Patients (optional - based on individual hospital practices)

GEOGRAPHY & TIMING

Specification	Description
TIMING / FREQUENCY OF RELEASE How often, and when, are data being released	Semi-annually
LEVELS OF COMPARABILITY Levels of geography for Comparison	Currently, standardized equity data questions are collected by Ontario Health – Toronto Region Hospitals only
TRENDING Years available for trending	Phased equity data collection of updated MHE questions in hospitals started in June 2023

Additional Information

Specification	Description
COMMENTS Additional information regarding the calculation, interpretation, data source, etc.	**Rationale and Interpretation:** • These indicators are a measure of the quality and usability of the data collected by Hospitals. • Information about which questions patients may decline to respond to, or do not know how to answer, can help inform barriers that may exist in how the question is framed and/or being understood. This can further inform the development of strategies to reduce inequities, e.g. by: - Developing more detailed scripts with rationales that can be shared with patients who may be hesitant to answer certain questions - Training of staff collecting the data **Limitations:** • In a few cases, patients may be unable to respond to the questions, e.g., too ill to communicate. • When hospital data collection processes do not enable hospital to audit whether patient received the questions, e.g., numerator includes patients who were never asked but recorded as 'prefer not to answer' or 'missing', this affects data quality.
REFERENCES Provide URLs of any key References	Hospital demographic questions: https://torontohealthequity.ca/
RESPONSIBILITY FOR REPORTING	Health Service Providers
DATE CREATED (YYYY-MM-DD)	2016-11- 28
DATE LAST REVIEWED (YYYY-MM-DD)	2024-08- 28

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