

Ontario Health Toronto Paediatric Hospital Equity Data Collection Indicators Technical Specifications

December 2024



Ontario Health
Toronto

Table of Contents

Table of Contents	2
Reporting Schedule and Monitoring Process for Hospitals	3
Overall Goals:	4
Targets:	5
Reporting Periods	5
1. Hospital Equity Data Collection Participation Rate	7
2. Decline to Respond Rate (New)	12
3. Hospital Data Quality Indicators (Modified)	15
a) Missing Equity Data Rate	
b) Prefer Not to Answer Rate	
c) Do Not Know Rate	
d) Combined Data Quality Rate	

Reporting Schedule and Monitoring Process for Hospitals

The purpose of this reporting initiative is to measure progress of collecting equity data and understand how paediatric patients and/or their caregivers engage with equity data collection. Since 2013, hospitals have been collecting data based on the 8 standardized Toronto Region Measuring Health Equity (MHE) questions. As of June 30, 2023, hospitals transitioned to the updated MHE questionnaire and currently are at various stages of implementation.

There are **three distinct types of updated questionnaires**. The **adult questionnaire that consists of 13 questions** and for the **paediatric population the questionnaires are divided into two separate surveys**: one for the **Caregivers**, and another for **Youth** with 11 questions. The Caregiver Survey includes 14 questions about socio-demographics of the caregiver and 11 questions about socio-demographics for their child.

The new MHE questions are focused on following categories: relationship to child, 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 (only in caregiver survey) and people supported by income (only in caregiver survey).

See table below and Paediatric Questionnaire for more details.

Youth Questionnaire	Caregiver Questionnaire	Caregiver Questionnaire
Youth Questions	Caregiver Questions (relationship to child)	Child Questions
1. Preferred Language	1a. Preferred Language	1b. Preferred Language
2. Born in Canada	2a. Born in Canada	2b. Born in Canada
3. Indigenous Identity	3a. Indigenous Identity	3b. Indigenous Identity
4. Ethnic or Cultural Background	4a. Ethnic or Cultural Background	4b. Ethnic or Cultural Background
5. Racial group	5a. Racial group	5b. Racial group
6a. Disability	6a. Disability	6c. Disability
6b. Benefit from Supports	6b. Benefit from Supports	6d. Benefit from Supports
7. Sex at Birth	N/A	7. Sex at birth
8. Gender	8a. Gender	8b. Gender
9. Transgender Identity	9a. Transgender Identity	9. Transgender Identity
10. Sexual Orientation	10a. Sexual Orientation	10b. Sexual Orientation
11. Affording Basic Needs	11. Affording Basic Needs	N/A
N/A	12. Family Income	N/A
N/A	13. # people income supports	N/A

By focusing on these essential dimensions, the aim is to foster a more inclusive and responsive healthcare environment for all patients including paediatric population and their caregivers.

Ontario Health Toronto determined that hospitals should have the flexibility in defining the appropriate age cut off for using either the youth patient or caregiver questionnaires. The capacity of a child to respond to the questionnaire can vary based on multiple factors. Therefore, each organization or program should establish the age threshold at which patients complete the questionnaire (as opposed to their caregivers/families) based on their specific patient population.

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

Overall Goals:

- Assess individual hospital progress toward the **system target of collecting demographic data from 75% of patients seen in Ontario Health Toronto paediatric hospital system (Indicator #1)**. Indicator #1 is calculated separately for youth responses (1A), caregiver responses (1B) and combined for youth and caregivers (1C).
- Assess the proportion of individuals (youth and caregivers) approached who declined to respond to the questionnaire (**Indicator #2**). Indicator #2 is calculated separately for youth responses (2A), caregiver responses (2B) and combined for youth and caregivers (2C).
- 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 – proportion of ‘unusable’ data

Indicator #3, which includes sub-indicators a, b, c, and d (listed above), has distinct rates for each question in the youth (3A) and caregiver surveys (3B). In the caregiver survey (3B), another distinction

is made based on whether the question is about the child or the caregiver themselves. A combined response rates for each sub-indicator (a, b, c, and d) are also included and grouped by: overall youth responses (Youth Survey), overall caregiver responses (Caregiver Survey), overall child responses (Caregiver Survey) and overall combined responses for caregiver and child (Caregiver Survey).

Targets:

Given the differences in hospitals, Ontario Health Toronto appreciates that hospitals have different approaches and methods to implementing the new 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 Hospitals¹:

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 Hospitals²:

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.

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

¹ Includes CAMH and SickKids as applicable.

² Also includes Holland Bloorview and Women's College Hospital

Q4 - year-to-date report: Hospitals will report on the 3 equity indicators for both caregivers and youth to Ontario Health Toronto for data collected between June 30, 2023 to March 31, 2024 – due date October 11 2024. A response will be provided by the Health Analytics Team.

Fiscal 2024/25 and onwards:

Q2 report: Hospitals will report on the 3 equity indicators for both caregivers and youth to Ontario Health Toronto for data collected between 1st April to 30th September - due date October 11 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 for both caregivers and youth 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	<p>The Paediatric Health Equity Data Collection Instrument is comprised of a Caregiver Health Equity Survey and a Youth Health Equity Survey.</p> <p>The new MHE questions are focused on following categories: relationship to child, 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 (only in caregiver survey) and people supported by income (only in caregiver survey). See table on page 3 and the attached Paediatric Questionnaire for more details.</p> <p>This indicator calculates the percentage of eligible hospital youth patients or caregivers who received the Ontario Health Toronto Measuring Health Equity questions across all departments in a reporting period (calculated separately for youth patients- 1A, caregivers - 1B and combined for youth and caregivers - 1C).</p> <p>Assumptions:</p> <p>The equity data collection is voluntary and some youth patients or caregivers may prefer not to respond to some or all of the questions Youth patients and caregivers 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/caregiver's status</p>
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	<p>The number of unique youth/caregivers who have responded OR declined to respond to the socio-demographic questions included in the hospital's EMR (separate counts for youth patients, caregivers and combined for youth and caregivers). To capture stratification of caregiver and youth surveys completed, the count of each survey type collected is recorded.</p> <p>Youth count: Number of surveys completed by youth patients</p> <p>Caregiver count: Number of surveys completed by primary caregivers</p> <p>Combined Youth and Caregivers Responses: Number of surveys completed by youth patients and primary caregivers</p>
DATA SOURCE	Self-Reported by hospitals
EXCLUSION / INCLUSION CRITERIA	<p>Inclusions:</p> <ul style="list-style-type: none"> Includes all eligible patients or their caregivers seen by the hospital within the corresponding reporting period Patients/caregivers who responded to at least one question (include where the response is '<i>prefer not to answer</i>' or '<i>not know</i>') Patients/caregivers who have been contacted and who declined to respond should be recorded as <i>Declined the Questionnaire</i> for <u>all</u> questions. <p>Exclusions:</p> <ul style="list-style-type: none"> Emergency Department Patients/Caregivers with a CTAS score of 1 or 2 Palliative Care Patients/Caregivers (optional - based on individual hospital practices) Patients/Caregivers 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	<p>The total number of youth patients (INPATIENTS & OUTPATIENTS) seen by a hospital within the corresponding reporting period.</p> <p>This is a count of each MRN for the most recent visit in the reporting period</p>
DATA SOURCE	Hospital IT system

EXCLUSION / INCLUSION CRITERIA	Inclusions: <i>All patients or their caregivers</i> (unique count) seen by the hospital across all departments and areas within the corresponding reporting period (i.e., includes programs not currently targeted for data collection)
---------------------------------------	--

GEOGRAPHY & TIMING

Specification	Description
TIMING / FREQUENCY OF RELEASE How often, and when, are data being released	N/A
LEVELS OF COMPARABILITY Levels of geography for Comparison	Currently, Standardized equity data questions are collected by Ontario Health Toronto Region Hospitals only. Adult hospitals are using the adult version of the questionnaire, and the paediatric hospitals are using a different questionnaire(s) specifically designed for paediatric population.
TRENDING Years available for trending	Phased data collection for the new demographic questions started in June 2023.

Additional Information

Specification	Description
<p>COMMENTS Additional information regarding the calculation, interpretation, data source, etc.</p>	<p>Rationale and Interpretation:</p> <ul style="list-style-type: none"> • This indicator is a measure of progress in collection of demographic data by paediatric hospitals. • Connecting socio-demographic data to indicators linked to service utilization and health outcomes will allow hospitals and the Toronto Region to: <ul style="list-style-type: none"> - determine who is and who is not being served, - identify health inequities and determine who is most affected by them, - 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: <ul style="list-style-type: none"> - 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, inpatient readmissions and surgical and DI Wait Times. <p>Limitations:</p> <ul style="list-style-type: none"> • 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 ‘declined the questionnaire’ or ‘prefer not to answer’, this affects data quality. <p>Additional Indicators that Hospitals can Monitor: To obtain a more wholesome picture of the progress of equity data collection in their facilities, paediatric hospitals are encouraged to look at additional indicators such as:</p> <p>a) Participation Rate for Targeted Area:</p> <p>The number of youth patients or their caregivers who have responded to socio-demographic questions (one or more of the 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</p>

REFERENCES Provide URLs of any key References	Hospital demographic questions: https://torontohealthequity.ca/
RESPONSIBILITY FOR REPORTING	Health Service Providers
DATE CREATED (YYYY-MM-DD)	2021-10-25
DATE LAST REVIEWED (YYYY-MM-DD)	2024-09-11

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 Youth or Caregiver questionnaire but declined to respond (i.e., complete the whole questionnaire).
INDICATOR CLASSIFICATION	H-SAA Toronto Region Specific Local Obligation
TARGET	TBD
INDICATOR CALCULATION	$(\text{Numerator} / \text{Denominator}) * 100$

NUMERATOR

Specification	Description
CALCULATION	The total number of individuals who declined the questionnaire (separate counts for youth patients, caregivers and combined for youth and caregivers).
DATA SOURCE	Self-reported by hospital
EXCLUSION / INCLUSION CRITERIA	<p>Inclusions</p> <ul style="list-style-type: none"> All youth patients/caregivers who were presented with the opportunity to complete the questionnaire but declined to respond: <ul style="list-style-type: none"> Youth patients/caregivers explicitly 'declined to answer' by indication on the form Youth patients/caregivers who return blank forms (implied decline) These youth patients/caregivers should be recorded as <i>Declined the Questionnaire</i> for <i>all</i> questions. <p>Exclusions:</p> <ul style="list-style-type: none"> Youth patients/caregivers 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	<p>The total number of patients/caregivers who were presented with the opportunity to respond to the MHE questionnaire (Youth or Caregiver).</p> <p>This is captured by a count of each MRN for the most recent visit in the reporting period.</p>
DATA SOURCE	Self-reported by hospital
EXCLUSION / INCLUSION CRITERIA	<p>Inclusions:</p> <ul style="list-style-type: none"> All youth patients/caregivers who received the MHE questionnaire. <p>Exclusions:</p> <ul style="list-style-type: none"> Youth patients/caregivers 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
<p>TIMING / FREQUENCY OF RELEASE</p> <p>How often, and when, are data being released</p>	Semi-annually
<p>LEVELS OF COMPARABILITY</p> <p>Levels of geography for Comparison</p>	Currently, Standardized equity data questions are collected by Ontario Health Toronto Region Hospitals only. Adult hospitals are using the adult version of the questionnaire and the paediatric hospitals are using a different questionnaire(s) specifically designed for paediatric population.
<p>TRENDING</p> <p>Years available for trending</p>	Phased data collection for the new demographic questions started in June 2023.

Additional Information

Specification	Description

<p>COMMENTS</p> <p>Additional information regarding the calculation, interpretation, data source, etc.</p>	<p>Rationale and Interpretation:</p> <ul style="list-style-type: none"> • 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, youth patients/caregivers 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.
<p>REFERENCES</p> <p>Provide URLs of any key References</p>	<p>Hospital demographic questions: https://torontohealthequity.ca/</p>
<p>RESPONSIBILITY FOR REPORTING</p>	<p>Health Service Providers</p>
<p>DATE CREATED (YYYY-MM-DD)</p>	<p>2023-09-01</p>
<p>DATE LAST REVIEWED (YYYY-MM-DD)</p>	<p>2024-09-11</p>

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 (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. The rates are calculated separately for youth, caregiver, child and combined for child & caregiver.

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	<p>3a) Missing Rate: This indicator calculates the percentage of individuals who left a question unanswered/blank per demographic question for those patients/caregivers who received the questions and provided responses.</p> <p>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 youth patients/caregivers who received the questions and provided responses.</p> <p>3c) Do Not Know Rate: This indicator calculates the percentage of individuals that selected the “Do Not Know” option per demographic question for those youth patients/caregivers who received the questions and provided responses.</p> <p>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.</p> <p>The new MHE questions are focused on following categories: relationship to child, preferred language, place of birth, ethnic/cultural background, racial group, (dis)ability, sex assigned at birth, gender identity, transgender identity, sexual orientation, affordability of basic needs, family income (only in caregiver survey) and</p>

	<p>people supported by income (only in caregiver survey). <i>See table on page 3 and the attached Paediatric Questionnaire for more details</i></p> <p>Assumptions:</p> <ul style="list-style-type: none"> The equity data collection is voluntary, and some patients/caregivers may prefer not to respond to some or all of the questions.
INDICATOR CLASSIFICATION	H-SAA Toronto Region Specific Local Obligation
TARGETS	<p>Indicators 3a), 3b) and 3c): Ontario Health – Toronto Region Target: <=10%</p> <p>Indicator 3d): TBD</p>
INDICATOR CALCULATION	(Numerator / Denominator) *100

NUMERATOR

Specification	Description
CALCULATION	<p>3a) The number of individuals that left a question unanswered/blank per demographic question for those youth patients/caregivers who received the questions and provided responses.</p> <p>3b) The number of individuals that selected the “Prefer Not to Answer” option per demographic question for those youth patients/caregivers who received the questions and provided responses.</p> <p>3c) The number of individuals that selected the “Do Not Know” option per demographic question for those youth patients/caregivers who received the questions and provided responses.</p> <p>3d) Sum of a), b) and c).</p>
DATA SOURCE	Self-reported by hospitals

EXCLUSION / INCLUSION CRITERIA	<p>Inclusions:</p> <ul style="list-style-type: none"> • Includes all eligible youth patients/caregivers seen by the hospital within the corresponding reporting period • Youth patients/caregivers who responded to at least one question • Responses include <i>Missing, Prefer not to answer</i> and <i>Do not know</i> as relevant for each indicator <p>Exclusions:</p> <ul style="list-style-type: none"> • Emergency Department Patients/Caregivers with a CTAS score of 1 or 2 • Palliative Care Patients/Caregivers (optional - based on individual hospital practices) • Patients/caregivers who have been contacted and who declined the questionnaire (instead should be counted for Indicator #2)
---------------------------------------	--

DENOMINATOR

Specification	Description
CALCULATION	<p>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 10 youth and 12 caregivers demographic questions in the questionnaire (<i>excludes Indigenous Identity question</i>).</p> <p>Denominators are captured by a count of each MRN for the most recent visit in the reporting period.</p>
DATA SOURCE	Hospital IT system
EXCLUSION / INCLUSION CRITERIA	<p>Inclusions:</p> <p>All patients/caregivers seen by the hospital within the corresponding reporting period that responded to at least one of the 10 youth and 12 caregiver demographic questions (<i>excludes Indigenous Identity question</i>).</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Patients/caregivers that declined to respond to the questionnaire completely • Patients/caregivers that were not presented with the opportunity to respond to the questionnaire • ED patients/caregivers with CTAS score of 1 and 2 • Palliative Care Patients/caregivers (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. Adult hospitals are using the adult version of the questionnaire, and the paediatric hospitals are using a different questionnaire(s) specifically designed for paediatric population.
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.	<p>Rationale and Interpretation:</p> <ul style="list-style-type: none"> • These indicators are a measure of the quality and usability of the data collected by Hospitals. • Information about which questions patients/caregivers 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: <ul style="list-style-type: none"> - Developing more detailed scripts with rationales that can be shared with patients/caregivers who may be hesitant to answer certain questions - Training of staff collecting the data <p>Limitations:</p> <ul style="list-style-type: none"> • In a few cases, patients/caregivers 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/caregivers received the questions, e.g., numerator includes patients/caregivers 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)	2024-09-11

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
Document disponible en français en contactant info@ontariohealth.ca