

NHSN's REaLI Effort

Thank you for participating in NHSN's effort to systematically identify and address standardization of **race, ethnicity, language, need for and use of interpreter** (REaLI) data collection and documentation.

The survey asks for current selectable options for **race, ethnicity, language, need for and use of interpreter** data elements (uploaded files with values or photos of values are preferred, if possible) and a description of any standard work and standard scripting that is already in place to capture these data in the hospital setting.

It is recommended to gather the information, above, prior to beginning the survey.

We ask that the Chief Medical Information Officer (CMIO) and internal Electronic Health Record (EHR) director (or equivalent) complete the survey, below, together.

1. Which hospital system do you represent?
 - a. Billings Clinic
 - b. Geisinger
 - c. HCA Healthcare
 - d. Mass General Brigham
 - e. Michigan Medicine
 - f. Nebraska Medicine
 - g. University of California, Davis Medical Center
 - h. University of North Carolina Hospitals
 - i. University of Oklahoma Health Sciences Centers for Disease Control and Prevention
 - j. University of Rochester Medical Center
 - k. Yale New Haven Health
 - l. Other **[FREE-TEXT]**
2. What **Race** data field elements does your EHR include? Please provide all race options that are selectable, including free-text and other options (e.g., patient refused, left blank, unknown, missing data). Enter in the race options below or upload a file with the race options.
 - a. **[FREE-TEXT]**
 - b. **[FILE-UPLOAD]**
3. What **Ethnicity** data field elements does your EHR include? Please provide all ethnicity options that are selectable, including free-text and other options (e.g., patient refused). Enter in the ethnicity options below or upload a file with the ethnicity options.
 - a. **[FREE-TEXT]**
 - b. **[FILE-UPLOAD]**

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MSH21-8, Atlanta, Georgia 30333; ATTN: 0920-1154

4. What **Language** data field elements does your EHR include? Please provide all language options that are selectable, including free-text and other options (e.g., patient refused). Enter in the language options below or upload a file with the language options.
 - a. [FREE-TEXT]
 - b. [FILE-UPLOAD]
5. What **Interpreter** data field elements does your EHR include? Please provide all interpreter options that are selectable, including free-text and other options (e.g., patient refused). Enter in the interpreter options below or upload a file with the interpreter options.
 - a. [FREE-TEXT]
 - b. [FILE-UPLOAD]
6. Does your system allow for multi-select options for the following data?

| | Yes | No | Unsure / Unknown |
|-----------|-----|----|------------------|
| Race | | | |
| Ethnicity | | | |
| Language | | | |

7. Does your system require collection of the following data?

| | Yes | No | Unsure / Unknown |
|--------------------|-----|----|------------------|
| Race | | | |
| Ethnicity | | | |
| Language | | | |
| Interpreter Needed | | | |
| Interpreter Used | | | |

8. Does your system have a hard stop blocking further data entry until the following data are entered?

| | Yes | No | Unsure / Unknown |
|--------------------|-----|----|------------------|
| Race | | | |
| Ethnicity | | | |
| Language | | | |
| Interpreter Needed | | | |

9. Does the EHR system allow capturing if an **interpreter was used** for each patient interaction (e.g., nurse/physician/therapist encounter, registration, consent to treatment, bill, etc.) during an encounter?
 - a. Yes
 - b. No
 - c. Unknown/Unsure
10. What types of patient interactions and encounters allow for documentation of **use of an interpreter** in your EHR? Select all that apply.
 - a. Nurse/Technician encounter
 - b. Provider/Therapist encounter
 - c. Registration
 - d. Consent to treatment
 - e. Explanation of HIPAA
 - f. Explanation of confidentiality
 - g. Billing
 - h. Other*
 - i. Unknown/Unsure
11. *If other selected:* What other patient interactions and encounters allow for documentation of **use of an interpreter** in your EHR?

a. [Free text]

12. Have you added additional race, ethnicity, language and/or interpreter use options to your EHR system?

- a. Yes
- b. No
- c. Unsure/Unknown

13. Can you explain the process for adding these new options? If possible, provide the code system name of the new options.

a. [Free text]

14. Does your system(s) have **standardized workflows** in place to collect these data in the ED and inpatient locations?

| | Yes, all ED and inpatient locations | Yes, but only in some ED and inpatient locations | No | Unsure / Unknown |
|--------------------|-------------------------------------|--|----|------------------|
| Race | | | | |
| Ethnicity | | | | |
| Language | | | | |
| Interpreter Needed | | | | |
| Interpreter Used | | | | |

15. How did you develop your standard scripting/workflows for the following? Select all that apply.

| | Race | Ethnicity | Language | Interpreter Needed |
|---------------------------------|------|-----------|----------|--------------------|
| Community involvement | | | | |
| Hospital system-based committee | | | | |
| Part of standard EHR package | | | | |
| Other | | | | |
| Unsure/Unknown | | | | |

16. *If other:* Please describe the other method for developing the scripting/workflow for **race**.

a. (Free text)

17. Please describe the other method for developing the scripting/workflow for **ethnicity**.

a. (Free text)

18. Please describe the other method for developing the scripting/workflow for **language**.

a. (Free text)

19. Please describe the other method(s) for developing the scripting/workflow for **interpreter needed**.

a. (Free text)

20. How are race, ethnicity, language, and interpreter needed data collected in the ED and inpatient locations? Select all that apply.

| | Designated registration staff | Clinical staff | Computer / tablet used by patient or guardian | Paper form completed by patient or guardian | Other | Unsure / Unknown |
|-----------|-------------------------------|----------------|---|---|-------|------------------|
| Race | | | | | | |
| Ethnicity | | | | | | |

| | | | | | | |
|--------------------|--|--|--|--|--|--|
| Language | | | | | | |
| Interpreter Needed | | | | | | |

21. Please describe the other method for collecting **race/ethnicity/language/interpreter needed**.
22. If the patient, guardian, or relative does not speak English and staff do not speak/understand the language, how do you ask them about race, ethnicity, language, and interpreter need in ED and inpatient locations? Select all that apply.

| | Race | Ethnicity | Language |
|--|------|-----------|----------|
| An interpreter asks | | | |
| An interpreter uses translated standard scripting in other languages | | | |
| Translated paper forms in other languages | | | |
| Computer/tablet forms in other languages | | | |
| Audio translated into other languages | | | |
| Other | | | |
| Unsure/Unknown | | | |

23. Please describe the other method collecting for **race/ethnicity/language/interpreter needed**.
- a. (Free text)
24. Please list the languages into which the standard scripting is translated.
- a. (Free text)
25. Please list the languages into which the paper form is translated.
- a. (Free text)
26. Please list the languages into which the computer/tablet form is translated.
- a. (Free text)
27. Please list the languages into which a translated audio version is available.
- a. (Free text)
28. What staff are designated to document **race/ethnicity/language/interpreter need**? Select all that apply.

| | Race | Ethnicity | Language | Interpreter Needed |
|--------------------------------------|------|-----------|----------|--------------------|
| Nurse | | | | |
| Registration staff | | | | |
| Medical provider | | | | |
| Social worker | | | | |
| Any staff who can speak the language | | | | |
| Other | | | | |
| Unknown/Unsure | | | | |

29. Please describe the other designated staff that collect **race**.
- a. (Free text)
30. Please describe the other designated staff that collect **ethnicity**.
- a. (Free text)
31. Please describe the other designated staff that collect **language**.
- a. (Free text)
32. Please describe the other designated staff that collect **interpreter needed**.
- a. (Free text)
33. Are these designated staff given specific training to ask about race, ethnicity, language, and interpreter needed? Select all that apply.

| | Race | Ethnicity | Language | Interpreter |
|--|------|-----------|----------|-------------|
|--|------|-----------|----------|-------------|

| | | | | |
|--------------------------------------|--|--|--|--------|
| | | | | Needed |
| Yes, all ED and inpatient locations | | | | |
| Yes, some ED and inpatient locations | | | | |
| No | | | | |
| Unknown/Unsure | | | | |

34. Can you please describe the training? (If yes to any answer for “Are these designated staff given specific training to ask about SDOH?”)

a. (Free text)

35. Can you please include/describe the standard scripting that asks for race, ethnicity, language, and interpreter needed)?

b. (Free text)