



Collecting Patient Registration Information

TRAINING PROGRAM

NSW DEPARTMENT OF HEALTH

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A full copy of this publication can be downloaded from the NSW HealthWeb site: www.health.nsw.gov.au

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The Information Management and Support Branch extends sincere thanks to all of these people.

Resources and references

Resources

The following resources developed by Queensland Health and the Australian Bureau of Statistics and have also been incorporated into the development of this program.

Queensland Health

Indigenous Information Strategy Team
Data Services Unit, Health Information Centre
Queensland Health 2000

Indigenous Data Collection Awareness Training

Ms Paula Nihôt, Senior Health Promotion Officer
South Coast Public Health Unit

Prodata Working Together Program Sept to Dec 2000
Gold Coast Health Service District

Indigenous Status Identification Training - Mater Hospitals Project

Ms Kate Ramsay
Project Officer Womens Health Strategic Plan
Mater Misericordiae Hospitals, South Brisbane 2000

Australian Bureau of Statistics

Collecting Indigenous Status for Data Collectors and Service Providers in Health Services Training Program

Ms Gabrielle Friebe
National Centre of Aboriginal and Torres Strait Islander Statistics 1999

References

Deeble, J. et al. *Expenditures on Health Services for Aboriginal and Torres Strait Islander People*, Australian Institute of Health and Welfare, Commonwealth DHFS, 1998.

Expenditures on Health Services for Aboriginal and Torres Strait Islander People, Australian Institute of Health and Welfare, Cat. No. IHW7, 2001.

The Health and Welfare of Australia's Aboriginal and Torres Strait Islander People, Australian Institute of Health and Welfare and Australian Bureau of Statistics, Cat. no. 4704.0, 2001.

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Background



Accurate and reliable data is critical to efforts to improve the health of the people of NSW. The quality with which the data are collected and processed impact on the usefulness of the data and its ability to become meaningful information on which to base decisions. Without accurate data there is little capacity to monitor changes in health status, evaluate access to services and the response of services to address needs or to quantify resources expended on health services and programs. Good quality health data will ensure Statewide consistency in the implementation of the health care delivery and organisation of the NSW health system.

The quality of Aboriginal and Torres Strait Islander information in major health and health related collections remains a significant problem across Australia but is more pronounced in NSW. The two main reasons for the under reporting of Aboriginal and Torres Strait Islander origin information are a reluctance of (or lack of awareness of the need for) clients to identify their Indigenous status as well as of clinical and administrative staff to seek information about Indigenous status. Other limitations affecting the capacity to collect good quality data about, and report on, Indigenous health include: inconsistent use of classification standards and collection protocols limiting the capacity to make comparative assessments; and limited validation of data and quality control mechanisms to enable estimates of the level of under reporting (Deeble et al.1998).

The capacity to report on issues such as health status, service use and access to services is totally reliant on one factor – the ability to accurately identify Indigenous clients.

The Aboriginal Health Information Strategy Unit, established in 1997 as part of the Information Management and Support Branch of NSW Health, has as its overall goal the improvement of Aboriginal and Torres Strait Islander health information in NSW.

One of the main strategies to achieve this goal has been the development and implementation of the *Collecting Patient Registration Information Training Program* targeted at NSW Health staff.

During the development of the training session it became obvious that the information on Indigenous status is not the only data item that is difficult to collect. The training session, therefore, aims to raise awareness of other data items that may relate to sensitive issues and reviews strategies that may assist in the collection of complete and accurate patient registration information.

The *Collecting Patient Registration Information Training Program* is available from the following website **www.health.nsw.gov.au/im/ahisu**. All relevant material can be found in the 'Facilitator's guide' which follows.

This training program has been developed based on the *Training Program for Health Staff Collecting Patient Registration Information* developed by the NSW Department of Health and supersedes the version released in 2000. Resources developed by Queensland Health and the Australian Bureau of Statistics and have also been incorporated into this program.

Facilitator's guide

B

Training objectives

- Identify the importance of collecting accurate and complete information.
- Raise awareness of data items that may be difficult to collect.
- Review some strategies that may be used when dealing with difficult situations.

Training outcome

At the end of this session participants will be able to confidently ask all questions required at patient registration and understand the importance of obtaining this information.

Timing

This one hour training session contains five segments as shown below.

	Segment	Duration	Description
1	Introduction	5 minutes	Identifies objectives
2	Collecting patient registration information	15 minutes	Reviews importance of accurate information
3	Collecting specific data items	20 minutes	Discusses issues regarding information that is sensitive
4	Handling difficult situations	15 minutes	Presents ideas on responding to difficult situations
5	Conclusion	5 minutes	Summarises and requests Evaluation to be completed

Requirements

Facilitators will require:

- video player and television
- overhead projector
- flip chart with butcher's paper or whiteboard and markers
- computer and projector are optional if Powerpoint presentation is chosen
- name tags or sticky labels and marker pens.

Resources

The training program includes the following resources:

- Script for facilitators with suggested dialogue and instructions
- Detailed 'Session Plan'
- Overhead transparencies (available as Powerpoint presentations from the website)
- Handouts 1 (Aboriginal and Torres Strait Islander Quiz)
- Handout 2 (Role Play and Strategies)
- Evaluation form
- Video – Fact Finding for Better Health

All textual training resources are available from the website:
www.health.nsw.gov.au/im/ahisu

Alternatively additional copies of the *Collecting Patient Registration Information Training Program*, including overhead transparencies, handouts and evaluation forms can be ordered by phone, fax or email.

The video will also need to be ordered by phone, fax or email (details below).

If you require any further information or assistance please do not hesitate to contact us at the Information Management and Support Branch:

Tel. (02) 9391 9950

Fax. (02) 9391 9669

Email. ahisu@doh.health.nsw.gov.au

Internet. www.health.nsw.gov.au/im/ahis

Script for facilitators



Please note

- *Suggested dialogue appears in plain arial font.*
- *Dialogue headings and dialogue to be emphasised appear in bold.*
- *Actions/directions for facilitators appear in italics.*
- *Overheads are numbered and the timing required when showing overheads is indicated in the script.*
- *Instructions for using overheads and aids are indicated in the left hand column by a key (see below).*
- *Approximate time allocations for segments should be adhered to, to keep the session to a one hour presentation.*

KEY



timing for
segment



show overhead
transparency (OHT)



show video



give out
handout



use markers

1

Introduction



5 minutes



OHT 1

Show overhead transparency 1 – Title page

Prior to the course starting have the title overhead on display.

Have a supply of sticky labels and markers for participants to make own name tag or have some form of name tag prepared.



OHT 2

Show overhead transparency 2 – Contact details

Thank you

Thank you for attending this training session on Collecting Patient Registration Information. Prior to starting today we need to ensure that everyone has a name tag and that you have all completed the training sign on form.

Introduction

Good morning/afternoon my name is

.....

I work at.....

My role is.....

If you have any questions following the training
you can contact me on.....

Housekeeping (*optional*)

The toilets can be found.....

The nearest fire exits are

Welcome

Thank you for attending this morning/afternoon. Welcome to this training program, which has been designed for staff involved in collecting patient registration information. The session will run for approximately an hour and I'm sure that the time you have taken out of your busy schedule in order to attend will be time well spent.

1...
2...

OHT 3

Show overhead transparency 3 – Session overview

Session overview

(see Section D
for detailed
Session Plan)

	Segment	Duration	Description
1	Introduction	5 minutes	Identifies objectives
2	Collecting patient registration information	15 minutes	Reviews importance of accurate information
3	Collecting specific data items	20 minutes	Discusses issues regarding information that is sensitive
4	Handling difficult situations	15 minutes	Presents ideas on responding to difficult situations
5	Conclusion	5 minutes	Summarises and requests Evaluation to be completed

Objectives

1...
2...

OHT 4

Show overhead transparency 4 – Objectives

- Identify the importance of collecting accurate and complete information 100% of the time.
- Raise awareness of data items that may be difficult to collect such as, country of birth, age, religion and Aboriginal and Torres Strait Islander origin.
- Review some strategies you may use when dealing with difficult situations and provide some ideas on how to answer some of the difficult questions that can be asked of you.

Outcome

1...
2...

OHT 5

Show overhead transparency 5 – Outcome

- At the end of this session you will be able to confidently ask all questions required at patient registration and understand the importance of obtaining this information.

2

Collecting patient registration information



15 minutes



OHT 6

Show overhead transparency 6 – Why improve data?

Why is collecting accurate and complete information so important?

Accurate records

It is essential that when we collect patient registration information that we collect complete information 100% of the time to ensure a sound base for information review and analysis.

Culturally appropriate services

By collecting complete information we are better able to provide culturally appropriate services that respect a person's religious or cultural beliefs. For example, there are many traditions surrounding food in various cultures. Food that is kosher for people with Jewish heritage and no beef for those from Hindu backgrounds. In relation to treatments, Jehovah Witnesses have strict rules around medications and blood transfusions. Some religions require same sex health workers, be it a doctor or interpreter.

Early intervention/identification of predisposing illness

By identifying a person's culture and having knowledge about the illnesses of specific cultural backgrounds we are able to provide or plan for health services prior to a person becoming ill. For example, people who are from the Pacific Islands are more likely to develop diabetes and being aware of their background means early monitoring and changes to diet and exercise can be recommended.

Another example includes children of Aboriginal and Torres Strait Islander background who have been found to have high rates of hearing loss due to otitis media. If a child is identified correctly at birth as being an Aboriginal or Torres Strait Islander then the Early Childhood Centres who receive this information will be able to perform auditory (hearing)

testing and provide preventative treatments for otitis media prior to hearing loss developing. As you can imagine hearing loss early in life will effect a child's intellectual and educational development for the rest of their lives.

Address health inequalities

By identifying if a person has a disability, does not have English as their first language or suffers from health inequality for some other reason, we are able to work together to improve their access to the health services they need. In addition we can work towards improving the health status of various cultures that have increased health problems. Aboriginal and Torres Strait Islander people for example have a very poor health status living on average 20 years less than the rest of the Australian population.

Support

Once again, by clear identification of culture and personal needs, appropriate referrals can be suggested or organised such as an interpreter, social worker, disability support worker or Aboriginal Health Worker.

Revenue planning

By collecting accurate information you enable those involved in planning to develop a picture of the type of people that make up your health area and thereby ensure current funding as well as provide a basis for proposals for funding in the future. That is, if your area has a steadily increasing birth rate then plans would be put into place by both health and other government departments to increase early childhood centres, schools, etc.

Under reporting of Aboriginal and Torres Strait Islander status

Currently it is estimated that the NSW Inpatient Statistics Collection under reports Aboriginal and Torres Strait Islander origin. Reports have shown that only 60-70% of Aboriginal and Torres Strait Islander people are accurately identified as such.

As you can see, the information that you collect and how accurate it is, can have a great impact on a person's health care and planning for future needs.



Video Part 1



Show Video Part 1 (1-5 minutes)

We now have a video that will provide further information on collecting patient registration information.

Whiteboard/butchers paper, markers

What information is collected?

Let's look at the basics of collecting patient registration information.

What patient registration information do you routinely collect?

Write up responses from participants on whiteboard.

Name	Next of kin	Health insurance
Age	Country of birth	Allergies
Address	Religion	Referral
Sex	Marital status	DVA
Language spoken at home	Worker's Compensation	Aboriginal and Torres Strait Islander status

1...
2... OHT 7

Show overhead transparency 7 – Who uses this information?

Who uses this information?

Clinically based

- Doctors
- Nurses
- Radiographers
- Dietitians
- Pathologists
- Occupational/Physio/Speech therapists
- Psychologists/Counsellors

Support focused

- Social workers
- Aboriginal liaison officers
- Religious workers
- Ethnic health workers, disability health workers
- Health Promotion Officers

Planning and management focused

- Managers and planners of health services
- NSW Department of Health, for assessing usage levels, research, monitoring the health of the population and planning

1...
2...

OHT 8

Show overhead transparency 8 – How is information used?

How is this information used?

- **Best available treatment** for the individual patient, because the greater and more accurate the details the better the planning of individual treatment.
- **Monitoring** of health patterns, to review outbreaks of illnesses such as flu, meningococcal, measles.
- **Identify special needs** such as the need for an interpreter or special access for a person with a disability.
- **Assess equity and access to health services** includes looking at whether services are provided where needed and whether those people who need the service are able to access the service.
- **Plan and manage budget allocations** provides information to help you write proposals for funding.
- **Improve and develop health services** which is the overall goal for us as health workers.

Your role is an important part of ensuring this information is collected and available for use by a range of health professionals.

1...
2...

OHT 9

Show overhead transparency 9 – ‘The three A’s’

As a way of helping everyone remember, here are ‘The three A’s’, which summarise the main points we hope you will remember from this training session.

- **Ask** every person every question.
- **Acknowledge** that everyone has the right to be asked and given the opportunity to identify information that relates to them.
- Be **Accountable**, remember it is your job and you are responsible for doing it correctly.

3

Collecting specific data items



20 minutes

When collecting patient registration information, what specific data items cause issues/problems /difficulties?

Underline those items previously noted on whiteboard

Some of the registration details are problematic due to the sensitive nature of the information. For example, the question regarding Aboriginal and Torres Strait Islander origin or religion or country of birth.



OHT 10

Show overhead transparency 10 – Reasons behind difficulties

Why do you think there are some difficulties in collecting ‘sensitive’ information?

- **Inconsistent hospital collection practices**

In the past and even now, it is not always seen as essential or a priority by all health services to collect every data item in the patient registration form. Paper registration forms vary between hospitals.

- **Patient’s lack of understanding as to why this information is collected**

Patients who are already anxious may feel threatened by giving so many personal details. By providing the reasons for collecting registration information, explaining what it is used for and how it is used by will hopefully soothe their anxieties.

- **Reluctance by health staff to ask for ‘sensitive’ information from people receiving health services**

Staff may be reluctant to ask some questions due to their lack of understanding about how this information may be used.

- **Reluctance of people from certain religions or cultures to identify themselves**

This may be due to past treatment of their people or perceptions and stigmas that are often attached to their cultures.

- **Concern regarding privacy and confidentiality**

Patients may have had sensitive personal information used against them in the past, possibly in other countries. In addition to this, the environment you work in may not always allow for a confidential setting. Wherever possible, health care workers should promote an environment that maintains a person's privacy and confidentiality. Staff need to be tactful and assure the patient that personal information remains confidential and that there are 'privacy policies' in place to protect patient information.

One of the problems of collecting quality data is that sometimes health staff identify Aboriginal and Torres Strait Islander peoples in different ways.

The incorrect, though common, ways that staff identify if someone is of Aboriginal or Torres Strait Islander origin include observation of the patient's physical features, name, address, clothes and friends.

The ONLY, effective and accurate way to identify someone of Aboriginal and Torres Strait Islander origin is to ask each and every person this question.

1...
2...

OHT 11

Show overhead transparency 11 – Are you of Aboriginal or Torres Strait Islander origin?

‘Are you of Aboriginal or Torres Strait Islander origin?’

This question has been developed by the Australian Bureau of Statistics and has been adopted as the national standard for collecting Aboriginal and Torres Strait Islander origin in administrative data collections.

By asking the same question in the same way across all health collections each time, there will be an increase in the reliability of the data. The data will be more comparable and able to be better analysed over time.

The answer given by the patient must be one of the following four options:

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander
- No, neither

If a person tells you they do not want to be identified as Aboriginal or Torres Strait Islander (even if they are or you think they are) the answer to the question should be:

No, neither

1... OHT 12
2...

Show overhead transparency 12 – On your screen

The following overhead is what currently appears on your data collection screen.

1... OHT 13
2...

Show overhead transparency 13 – Unknown/Not Stated

The Patient Administration System allows for the recording of Indigenous status as '**Unknown/Not Stated**'.

The only situations where this option may be used for recording of Indigenous status are when:

- you are **unable** to ask
- when the patient **cannot** answer
- when the patient **refuses** to answer.

Remember it is vital that the question be asked of every patient. NEVER PRESUME a person's indigenous status.

1... OHT 14
2...

Show overhead transparency 14 – Definition

The Definition of Aboriginal and Torres Strait Islander

An Aboriginal or Torres Strait Islander is a person:

- of Aboriginal or Torres Strait Islander descent
- who identifies as an Aboriginal or Torres Strait Islander
- who is accepted as such by the community in which they live.

The definition on this overhead, which appears above, is the legal definition as handed down by the High Court of Australia.

In administrative data collections such as hospital registration we can only consider the answer as to whether the person identifies as an Aboriginal or Torres Strait Islander.

In every case you must simply ask the question. It is then the choice of the patient to identify themselves as being of Aboriginal or Torres Strait Islander origin.

Why do you think that there is reluctance by some Aboriginal and Torres Strait Islander people to identify?

1...
2...

OHT 15

Show overhead transparency 15 – Reluctance to identify.

Past experiences

Historically when health staff asked questions about a person's Aboriginal origin many negative consequences followed, for example:

- The stolen generation – sometimes children were taken away from their families.
- People were taken away from their families to 'special' areas or missions in an attempt to change their culture to that of white Australians.
- People were taken to hospitals a long way from their families and were often discriminated against by health staff.
- People often did not attend health services until they were seriously ill and then often died in hospital. Hospitals became known as 'BAD' places and were often related to negative experiences.

For these reasons Aboriginal and Torres Strait Islander people have been reluctant to identify their origins. Even today people are still cautious about giving information that they feel may be used against them rather than for their benefit. As I mentioned earlier this reluctance to share information can also include people from various religions and nationalities, due to their past experiences in their own countries.



Handout 1

We will now discuss a range of issues affecting the health of Aboriginal and Torres Strait Islander people. This will be done with a quiz.

Give out Handout 1 – Quiz Sheet

Get the group to work with the person beside them for 5 minutes. Ensure participants are aware this is informal and not a test of any sort. Mention the quiz can be kept for future reference.

Please ask me any questions you may have as you work through the Quiz and discuss amongst yourselves if you like.

As a group review the answers and ask them to raise the 2-3 most unexpected answers. Discuss further if necessary.

4

 15 minutes



Video Part 2

Handling difficult situations

Show Video Part 2 (6 minutes)

We will now watch another video which looks at five short scenarios, some of which might be quite familiar to you.

The video shows what you already experience first hand – collecting this information can be difficult. As you know, you are dealing with people who are unwell and feeling vulnerable, anxious and distressed. Often you are the one who receives the complaints, and often about things out of your control.

Patients sometimes don't realise that your job of collecting people's registration details is an important and vital part of treating a person's health.

After the second part of video – ask the group:

What are some ways you might be able to get the required information from the person being registered?

Discuss strategies which they have used and summarise from the list below.

Some strategies that might help when collecting patient registration information are:

- sometimes having prepared answers to difficult questions which may be asked of you can make handling a difficult situation easier
- if a person doesn't want to answer a question leave it and ask later
- empathise with the person being registered
- be patient
- avoid confrontation.

Responding to questions when collecting information

In an attempt to develop some ideas on how to respond to difficult questions and how to handle difficult situations we will work through a role play concerning some difficult situations. This should take about five minutes.

On the reverse side of the role play sheet is a suggestion sheet that contains some prepared answers and a few tips on ways to handle difficult situations. These answers do not have to be said word for word but are a way to ensure you have some ideas on which you can base your response to difficult questions.

Give out Handout 2 – Role Play sheets.

Give clear instructions (see below)



Handout 2

This activity involves working in pairs. Please turn to the person next to you and decide whether you would like to be the ‘◆’ person or the ‘♥’ person. Then work through each role-play example remembering to ask each question exactly as it is worded.

On completion of the role play ask how participants feel about both asking and responding to questions, and discuss any issues that arise.

1...
2...

OHT 16

Show overhead transparency 16 – Handling difficult situations

In ending this session remember:

- you are the first person in a patient's health care experience
- show empathy toward the patient
- reassure the patient
- remember to explain why we need to collect the information
- be confident and clear – it may be helpful to have prepared answers.

5

Conclusion



5 minutes

Ask the group what they now consider the most important reasons for collecting accurate data and write up on whiteboard. Summarise by showing overhead referring to any reasons not mentioned.



OHT 17

Show overhead transparency 17 – Summary – Reasons for collecting accurate data

- Accurate health records
- Early intervention/identification of predisposing illness
- Address health inequalities
- Culturally appropriate health services
- Support services
- Revenue retention
- Improve current under reporting
- Provide the best treatment for the individual patient
- Monitor health patterns
- Identify special needs
- Assess equity and access to health services
- Plan for the future

Using your skills and experience, help people feel comfortable about the registration process.

Remember you are accountable for the completeness and accuracy of the information you collect.

With good quality information, clinicians, support workers and planners are able to determine appropriate health care and ensure the best health outcomes for all Australians.



OHT 18

Show overhead transparency 18 – Thank you

Thank you for your time and energy

Evaluations



Handout 3

Give out Handout 3 – Evaluation Sheet

Ask participants to complete and hand in evaluation prior to leaving

Session plan

Duration	Segment	Description	Resources
5 minutes	Introduction	Welcome – course title, name tags, sign on sheets	OHT 1
		Introduction – presenter's name, position, contact details	OHT 2
		Session overview – describe 5 segments of session	OHT 3
		Objectives – explain 3 objectives of session	OHT 4
		Outcome	OHT 5
Collecting patient registration information	2	Why is collecting accurate and complete information so important?	OHT6
		Video – further information on collecting patient registration information (5 minutes)	Video Part 1
		What information is collected?	Whiteboard
		Who uses this information? (clinical, support, planning)	OHT 7
		How is this information used?	OHT 8
		Three A's (Ask, Acknowledge, Accountable)	OHT 9
		What data items cause difficulties?	Whiteboard
		Reasons behind the difficulties collecting sensitive information	OHT10
		Standard question on Aboriginal and Torres Strait Islander status	OHT11
		Answer to standard question	OHT 12
Collecting specific data items within the patient registration information	3	Computer screen options to answer standard question	OHT 13
		Definition of Aboriginal and Torres Strait Islander	OHT 14
		Reluctance to identify – past experiences	OHT15
		Activity – Aboriginal and Torres Strait Islander Quiz	Handout 1 – Quiz

Session plan *(continued)*

Duration	Segment	Description	Resources
15 minutes	Handling difficult situations	Video – 5 scenarios of difficult situations (6 minutes) Discuss strategies to help with collecting registration information	Video Part 2
	4	Responding to questions when collecting information	Handout 2 – role play and prepared answers and strategies
		Activity – role play (4 questions and answers) Discuss role play activity	Role play
		Summarise handling difficult situations	OHT 16
5 minutes	Conclusion	Summarise most important reasons for collecting accurate data	Whiteboard OHT17
	5	Request evaluation to be completed	Handout 3 – Evaluation sheets
		Thank you	OHT 18



Collecting Patient Registration Information



Presenter's name:

Position:

Phone:

Fax:

Email:



Session overview

- ① **Introduction** – main objectives
- ② **Collecting patient registration information**
– why quality data is important
- ③ **Collecting specific data items**
– sensitive information
- ④ **Handling difficult situations**
- ⑤ **Conclusion** – summary and evaluation



Objectives

- Identify the importance of accurate and complete information
- Raise awareness of data items that are difficult to collect
- Review strategies to deal with difficult situations



Outcome

You will be able to:

- confidently ask all questions required at patient registration



Why is improving data collection so important?

- Accurate records
- Culturally appropriate services
- Early intervention
- Address health inequalities
- Support
- Under reporting of Aboriginal and Torres Strait Islander origin
- Revenue planning



Who uses this information?

- Clinically based
- Support focussed
- Planning and management focussed



How is this information used?

- Provide the best available treatment for patients
- Monitor health patterns
- Identify special needs
- Assess equity and access
- Plan and manage budget allocations
- Improve and develop health services



The three A's

- Ask
- Acknowledge
- Accountable



Reasons for the difficulties in collecting information

- Inconsistent hospital collection practices
- Lack of patient understanding
- Reluctance to ask
- Reluctance to identify
- Privacy and confidentiality



Ask each and every person

“Are you of Aboriginal or Torres
Strait Islander origin?”



On your screen

00 – Aboriginal

08 – Torres Strait Islander

98 – Both (Aboriginal and
Torres Strait Islander)

99 – Neither (Other)

NS – Unknown/Not Stated



Do not guess!

Ask every patient every time!

Record as “Unknown/Not Stated” only when:

- you are unable to ask
- the patient cannot answer
- the patient refuses to answer



Definition

An Aboriginal or Torres Strait Islander is a person of:

- Aboriginal or Torres Strait Islander **descent**
- who **identifies** as an Aboriginal or Torres Strait Islander
- and is **accepted** as such by the community in which he or she lives.



Reluctance to identify

Past experiences:

- policies of past governments
- loneliness and discrimination in hospital
- hospitals associated with death



How to handle difficult situations

- You are the first person in a patient's health care experience
- Show empathy toward the patient
- Reassure the patient
- Explain why we need to collect information
- Be confident and clear – it may be helpful to have prepared answers



Summary

Reasons for collecting accurate data

- Accurate health records
- Address health inequalities
- Culturally appropriate health services
- Support
- Revenue planning - current and future
- Provide best individual treatment



THANK YOU

Tick the box of your choice

1 What is the estimated life expectancy of Aboriginal and Torres Strait Islander peoples?

- 56 years (males), 63 years (females) 62 years (males), 70 years (females)
 43 years (males), 51 years (females)

2 From the list below pick the four main causes of death amongst Aboriginal and Torres Strait Islander Australians.

- accidents suicide hypertension
 pneumonia respiratory disease diabetes
 heart disease alcoholism

3 How many times are babies of Aboriginal and Torres Strait Islander mothers more likely to die at birth compared to babies of non-Aboriginal and Torres Strait Islander mothers?

- 2 times more likely 3 times more likely 4 times more likely

4 What percentage of Aboriginal and Torres Strait Islander school age children suffer some hearing loss?

- 0-29% 30-80% 81-100%

5 What percentage of the Aboriginal and Torres Strait Islander population is aged less than 15 years?

- 20% 30% 40%

6 What is the most effect way to determine if a patient/client is of Aboriginal or Torres Strait Islander origin?

- skin colour name by asking physical features address clothes friends

7 A baby is of Aboriginal or Torres Strait Islander origin when the parents are:

(tick as many as you like)

- Aboriginal and Torres Strait Islander mother and non-Aboriginal and Torres Strait Islander father
 Aboriginal and Torres Strait Islander father and non-Aboriginal and Torres Strait Islander mother
 Aboriginal and Torres Strait Islander mother and father

8 What is the estimated annual expenditure (per person) for the health care of Aboriginal and Torres Strait Islander Australians and non-Aboriginal and Torres Strait Islander Australians?

- \$3000 (Aboriginal and Torres Strait Islander), \$2500 (non-Aboriginal and Torres Strait Islander)
 \$6427 (Aboriginal and Torres Strait Islander), \$1948 (non-Aboriginal and Torres Strait Islander)
 \$1062 (Aboriginal and Torres Strait Islander), \$1343 (non-Aboriginal and Torres Strait Islander)

9 What percentage of the Aboriginal and Torres Strait Islander Australian population is found in NSW?

- 15% 25% 50% 75%

10 Which State/Territory has the highest population of Aboriginal and Torres Strait Islander people?

- WA NSW Qld NT

11 The Whitchety grub is highly nutritious.

- True False

1 56 years (males), 63 years (females)

This compares with non-Aboriginal and Torres Strait Islander estimated life expectancy of 77 for males and 82 for females. The death rate of Aboriginal and Torres Strait Islander males is 2.6 times that of non-Aboriginal and Torres Strait Islander males and that of Aboriginal and Torres Strait Islander females is 2.2 times that of non-Aboriginal and Torres Strait Islander females.

2 1. heart disease

Death by heart disease is 2 times higher for Aboriginal and Torres Strait Islander people than for non-Aboriginal and Torres Strait Islander people.

2. diabetes

17 times higher

3. respiratory disease including bronchitis, emphysema and asthma

5 times higher

4. pneumonia

10 times higher

5. accidents

3 times higher

(The five conditions above account for 56% of excess deaths)

6. hypertension**7. suicide**

21.5 times higher in youth in the juvenile justice system

8. alcoholism

(Alcoholism is associated with numerous health conditions such as, road injuries, cirrhosis of the liver, suicide and stroke as well as social problems. Results of an urban survey showed that 33% of Aboriginal and Torres Strait Islander people were current regular drinkers compared to 45% of the general urban population. However, those Aboriginal and Torres Strait Islander people who do drink are more likely to drink at higher levels 79% compared with 12% for non-Aboriginal and Torres Strait Islander.)

3 3 times more likely

The infant mortality rate for Aboriginal and Torres Strait Islander babies is 13.6 per 1,000 compared to 4.4 per 1,000 for non-Aboriginal and Torres Strait Islander babies.

4 30-80%

By adulthood hearing loss can be present in up to 70% of Aboriginal and Torres Strait Islander people.

5 40%

Compared with 21% of the non-Aboriginal and Torres Strait Islander population.

6 By asking

Asking the patient/client if they are of Aboriginal or Torres Strait Islander origin is the only way to determine their origin.

7 All are correct**8 \$3,000 (Aboriginal and Torres Strait Islander), \$2,500 (non-Aboriginal and Torres Strait Islander)****9 25%****10 NSW – 121,000**

Other population totals are: Qld – 119,000; WA – 62,000; NT – 56,000.

11 True

As it is full of protein, provides a good source of calcium and iron and rich in mono-unsaturated fatty and oleic acids (similar to olive oil).

This activity involves working in pairs. Please turn to the person next to you and decide whether you would like to be the ♦ person or the ♥ person. Then work through each role play example remembering to ask each question exactly as it is worded.

Role play 1

- ♥ Are you of Aboriginal or Torres Strait Islander origin?
- ♦ **Isn't it obvious that I'm Aboriginal?**
- ♥ It may not be obvious to everyone, and besides, you should be the one to decide if you are Aboriginal, no one else should do it for you. That's why you get asked.

Role play 2

- ♥ Do you hold a Department of Veteran Affairs Card?
- ♦ **I really don't think this is relevant to me.**
- ♥ We need the information to provide appropriate health care for all Australians.

Role play 3

- ♥ Excuse me, you have not filled in the question related to your religion.
- ♦ **Why do you need this information? My religious beliefs are private.**
- ♥ Many religions have special traditions and rules. By knowing someone's religion we will be able to provide culturally sensitive services, and this is an important part of a person's health care.

Role play 4

- ♥ Excuse me, you haven't filled in the Aboriginal or Torres Strait Islander origin question. Are you of Aboriginal or Torres Strait Islander origin?
- ♦ **Do I look Aboriginal?**
- ♥ I have to ask all of the questions to gather information to provide appropriate health care for all Australians.

Prepared answers

Clients present as shy, upset or scared

I just want to reassure you that all information collected here is confidential and is used to ensure everyone receives appropriate health care.

Who is this information going to be given to?

Only health care providers who are treating you and health workers involved in the management of the health system will have authorised access to your personal health information.

Why should they (Aboriginal & Torres Strait Islander people) get special treatment? I'm just as Australian as they are.

I can appreciate your concerns. Asking for this information does not change the way service providers treat a person. It simply allows health planners to find out why the health of Aboriginal & Torres Strait Islander people is not as good as the health of the general population.

Isn't asking me if I am a single or married a bit personal and really I think it is a form of discrimination to ask?

No, it's not discrimination, just like asking a person how old they are, or where they live is not discrimination. This information will provide a better picture of the population and future health needs of the community.

Does answering this change the way I will be treated?

No, it won't change the way you are treated by health staff. However, complete and accurate records will ensure timely access to you clinical information and improve the quality of your care.

Reasons why we collect information

- Provides accurate records
- Addresses health inequalities
- Provides culturally appropriate services
- Provides support
- Assists with revenue retention
- Assesses equity and access to health services
- Improves current under reporting
- Identifies special needs
- Allows for early intervention
- Allows for the monitoring of health health patterns
- Provides best individual treatment
- Assists with planning for the future

Strategies to assist collecting information

- Prepared answers
- Empathise with patient
- If a person doesn't want to answer a question, leave it, ask later
- Be patient
- Avoid confrontation

Strategies for managing aggressive behaviour

- Stay calm
- Be assertive
- Call for supervisor
- Avoid getting aggressive then call for help (security)

Patient Registration Information TRAINING SESSION

EVALUATION

Facilitators Venue Date

Overall

Please rate the following	excellent	very good	good	average	below average
1. Overall content					
2. Overheads					
3. Video 1 – Introduction					
4. Video 2 – Difficult situations					
5. Handout 1 – Quiz					
6. Handout 2 – Role play activity					
7. Handout 2 – Support material					
8. Trainer’s delivery					

On the Job Application

Please rate how useful you found the training for the content area listed below	extremely useful	very useful	useful	partly useful	not useful
9. Why we need to collect information accurately					
10. How the information we collect is used					
11. Collecting specific data items					
12. Handling difficult situations					

13. Were your expectations of this training session met?	completely	partly	not met

14. How much has your understanding of the importance of collecting accurate client registration information improved?	dramatically	significantly	partially	no change	reduced

15. Would you recommend this training session to your colleagues? YES NO

16. What could have been done differently to improve the delivery and process of the session?

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17. Were there any other content areas that you would have liked covered?

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Thank you for taking the time to complete this evaluation