

Introduction

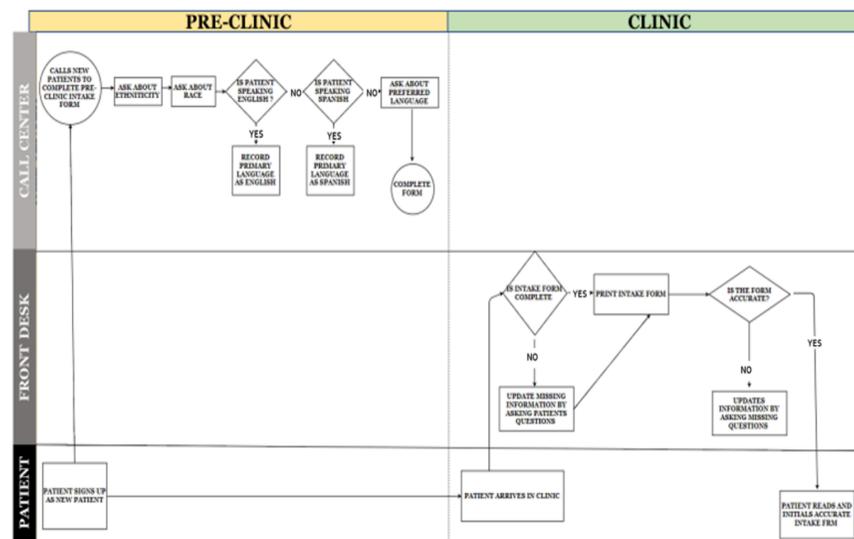
- The electronic medical record (EMR) is a powerful data collection tool that when optimized, can help organizations identify and monitor disparities in healthcare.
- This collection of data is often the first and most critical step needed to address health equity within clinical environments.
- Here, we detail an approach using quality improvement principles to evaluate a local clinic and develop an EMR checklist to improve data collection for health disparities.

Global Aim

Improve the EMR capture of health information needed to identify disparities in quality of care.

Process Evaluation

A process map of the patient intake process, review of the existing EMR interface and observation of the patient and intake staff interactions were done initially to identify baseline compliance to the identified checklist elements.



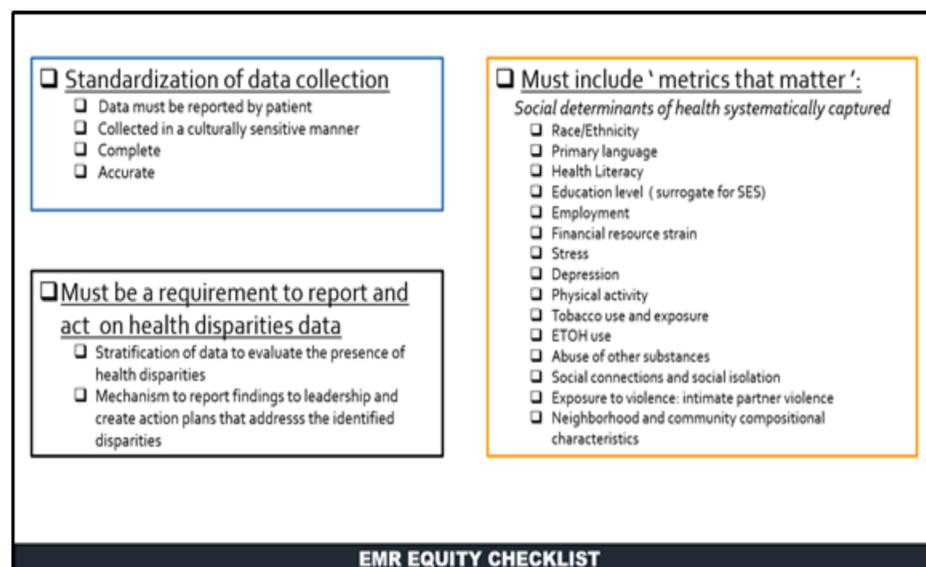
Interventions

- Administration of educational training material to patient intake staff.
- Modification of EMR layout to enhance the collection of Race, Ethnicity and primary language data.
- Standardization of social determinants of health screening questions in the EMR.
- Planned creation of an interdisciplinary Health Equity Taskforce.



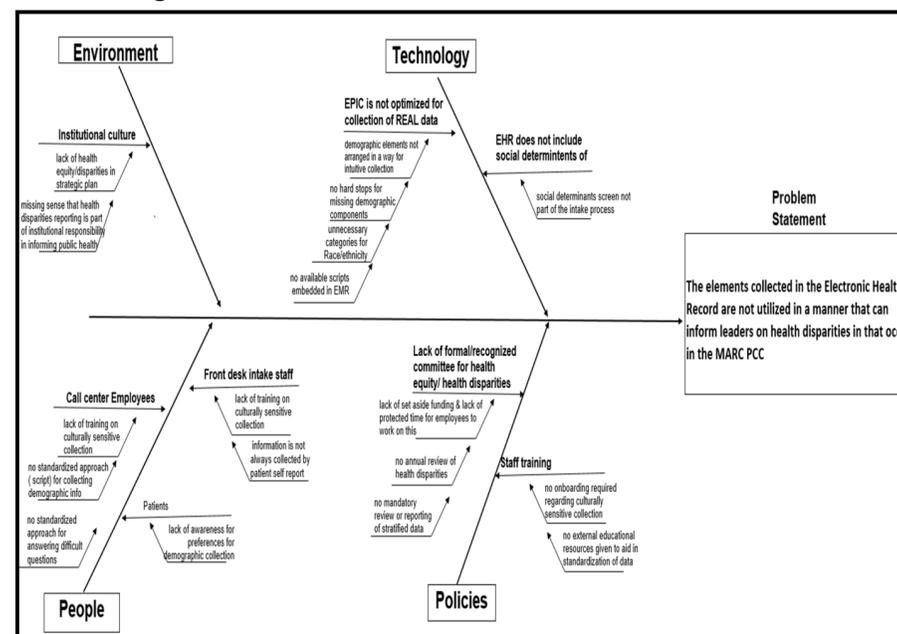
Methods: checklist development

Following review of available literature surrounding the collection of health disparities and consultation with local experts, three main categories of requirements were identified as parameters for adequate EMR data capture.



Interventions

An fishbone diagram was created to further identify barriers to meeting all elements of the checklist.



Results

Following PDSA cycle 1 we increased the checklist elements from 10/21 to 11/21 and improved standardization of data collection (Phase 1).

Conclusion

The use of an EMR equity checklist in conjunction with quality improvement tools, created a systematic framework to evaluate and improve the collection of data relevant to health disparities.

References

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- Wyatt R. Achieving Health Equity: A Guide for Health Care Organizations. 2016.