

# Webinar Q&A: Orientation to the New Sociodemographic Data Form

This document is a collection of questions & answers that were shared during the webinar that was held on January 11, 2024, as the Alliance launched the new Health Equity Questionnaire.

Information about the new questionnaire, a recording of the webinar, and links to other implementation tools can be found [on the Alliance website](#).

If you can't find the answers to your questions here or on our website, please reach out to [christine.Randle@AllianceON.org](mailto:christine.Randle@AllianceON.org) for support.



**Alliance for Healthier Communities**  
*Advancing Health Equity in Ontario*

# Table of Contents

## Transition Timeline .....3

When are we expected to transition to this new form?.....	3
When do you plan on retiring the old sociodemographic form? .....	3
Once we start, should we use the new form with all clients going forward? .....	3
It's a lot of info to collect all at once and may be hard on clients. Can we hide sections and do blasts focused on one section at a time?.....	3

## Accessing the Forms and Related Resources .....4

I'm surprised to see that this is a new custom form. Why is it being done that way? Does my organization have another option? .....	4
How do we access the new custom form for PS Suite?.....	4
How do we access the form for Ocean? .....	4
Are there versions of the form in various languages?.....	4
Are there printable versions of the form for administering the questionnaire on paper? .....	4
Where can I see a list of which questions are mandatory and which are optional?.....	4
How do we gain access to the Alliance IM SharePoint if we currently don't have it?.....	4

## EMR Workflow .....5

Will there be a "finish button" in the floating form?.....	5
Once you have completed a section of the form, do you have to save that completed section before moving on to the next section?.....	5
Will data flow if left "unfinished"?.....	5
Will forms not marked as reviewed appear in the "Needs Review" dashboard? If so, will it be under "Needs Review" or "Unfinished"? .....	5
Is there some functionality on the form to show the "last completed date"?.....	5
Will the "Last Completed" toolbar and Ocean form for automatic updating still function?.....	5
Will the Ocean version of the form populate the chart as finished/reviewed or will it require manual completion of that step? .....	5
Would you have to click on the link in the form to complete a new questionnaire? Or can you hit F2 again to access a new questionnaire? .....	5
We've noticed that clients often leave some questions blank without answering "prefer not to answer." For electronic versions, can we make it mandatory to select a response before moving on to subsequent questions? Is that seen as an appropriate workflow? .....	5
If people administer the question on paper using a language that is not in the EMR, and then enters the data into the EMR, how can they make sure that the right fields are entered?.....	5



## Data Compatibility, Flow, and Reporting .....6

With all the work we've done at our CHC to get completed extended demographic data, how will that data transfer to these new custom forms? Or will it? .....	6
My understanding was that the extended demographics form would be updated, not that a new custom form would be created. Will the extended demographics form be updated at all? .....	6
Will TELUS upload the data from the previous demographic form to the new one, so we won't have to re-enter all the data from the previous form to the new one? .....	6
So now when we are doing reporting on SD data, will we need to pull data on 2 forms?.....	6
Will the data still be mapped to BIRT if we de-activate the old form?.....	6
If we hide optional questions and want to ask them separately, in a form customized for our site, will our data still be updated on Alliance/BIRT end? .....	6
Will there be some data validation for the French data-mapping to BIRT?.....	6
Will the data still be mapped to BIRT if we de-activate the old form?.....	6

## Accessing and Interpreting Your Data .....7

Can the chart have the old and new forms?.....	7
Will we still be able to access the data we collected using the old <i>Extended Demographic</i> forms? .....	7
Will we have to use different reports/tables to pull from the new form vs the old one? .....	7
Will data flow if left unfinished? .....	7
Can you offer suggestions on how to stratify data now that multiple responses can be selected? If 50 people complete the form, but 100 languages or orientations are selected, how will we determine the rate of clients (unique) served for these needs? .....	7

## Sociodemographic Data QI & RALI .....8

How will this impact the Health Equity data completeness which is measured sector-wide? Will old and new data be considered uniquely for determining our progress towards 75%, or will it be combined? .....	8
Does the resolution to have 75% data collection done by end of 2024 require us to have collected the data with the new form? If we have already collected data using the old form, does that count? .....	8
If a client's sociodemographic info was last collected more than 3 years ago in 2020, is it still considered valid for the 75% completion? .....	8
What is the correlation between the new forms and RALI? Are we all expected to complete RALI? .....	8
Which organizations would benefit from RALI? .....	8
Which staff members should participate? Is it just for folks who are working with patients?.....	9
Why is “unknown” or “prefer not to answer” considered unusable data when it is the client's response? Why isn't the % of people who prefer not to answer considered usable data?.....	9
Are there resources to support conversations with clients? How can I respond to a client who asks, "Why do I have to answer these questions. My last doctor did ask these questions." .....	9
Does “year you moved to Canada” offer a “do not know” or “approximate date” option? Clients may not be able to recall it.....	9



# Transition Timeline

## When are we expected to transition to this new form?

Start now and aim for completion within 3-6 months.

- All of the forms were sent out on January 11, so you have what you need to get started now.
- We know it won't be completed immediately. Each centre will decide on their own roll-out schedule.
- This new questionnaire is being incorporated into our Evaluation Framework, so we expect all members to have adopted the new questionnaire within the next 3-6 months.

## When do you plan on retiring the old sociodemographic form?

The Alliance will not be retiring the old form.

- Centres will decide when to retire it themselves.
- In future, TELUS may stop supporting the old form, but this has not yet been discussed.
- Data collected using the old form will always remain active.

## Once we start, should we use the new form with all clients going forward?

Yes.

- Once you are ready to roll out the new forms, you will need to use them consistently.

## It's a lot of info to collect all at once and may be hard on clients. Can we hide sections and do blasts focussed on one section at a time?

All of the mandatory questions should be included in your questionnaire as soon as you start using it.

- It is important that all organizations collect data for all of the required questions. We understand that there are a lot, but they are required by Ontario Health as well as the Alliance's Evaluation Framework.
- Each organization will make decisions on how to collect the data (Ocean vs. paper vs. verbal), who will collect it, and when. These choices will give you different options for including or excluding the optional questions. For example, if you are using a paper form or Ocean, you can shorten it for now and then add optional questions as you're comfortable.
- Your paper or Ocean form does not need to match the EMR form. The EMR form includes all the optional questions, but you can leave them out of the paper or Ocean form. You will then leave the responses to those questions blank in the EMR.
- If you have clients entering data into the EMR directly, using a terminal, you can likewise hide or remove any optional questions you aren't ready to start asking yet. However, you must make a copy of the original form with a different filename (for example, *Alliance\_HEQ\_Full*) and keep the original filename for the form you will actually use. Data will only flow to BIRT and Logi from the form with the original name.

The optional questions can be added later.

- The choice of which optional questions to add, and when to add them, will be influenced how you plan to use the data. For example, if you plan to develop or expand a food security program, you might want to add in the optional questions that relate to ability to pay for sufficient food.
- Blank fields (for optional and mandatory questions) will not prevent data from flowing to BIRT or Logi reports. Those fields will show up as blank in those reports.
- Blank responses to optional questions will not affect your progress towards the goal of 75% data completion by December 31, 2024. Blank responses to mandatory questions will affect your progress towards this goal.



# Accessing the Forms and Related Resources

I'm surprised to see that this is a new custom form. Why is it being done that way? Does my organization have another option?

A custom form is the only TELUS PS Suite functionality that allows us to collect this information. TELUS is not able to hard code this in anywhere in the EMR

- This is this is a new custom form, which means it's not an upgrade or upversion of the current extended demographic form.

## How do we access the new custom form for PS Suite?

The custom form, along with other resources, was sent out by email to all ELs and DMCs in our sector on January 11. They can also be downloaded from the Alliance IM SharePoint Portal.

## How do we access the form for Ocean?

The form is available on the Ocean site. Go to "eForms," select "more" and then "shared forms" and look for the one called *Alliance Health Equity*.

- You will need to download the form from the Ocean site. It is not possible to email it.
- If you have trouble accessing the forms from the Ocean website, reach out to [Christine.Randle@AllianceON.org](mailto:Christine.Randle@AllianceON.org) for help.

## Are there versions of the form in various languages?

The custom forms for TELUS PS Suite and Ocean are only available in English and French

- Ontario health has prepared translations of the questions and response options in eight other languages, which you may wish to use when creating paper forms or conversation scripts. They can be accessed on the Alliance SharePoint portal.

## Are there printable versions of the form for administering the questionnaire on paper?

Word versions of the form on the SharePoint portal. You can also request these by emailing [Christine.Randle@AllianceON.org](mailto:Christine.Randle@AllianceON.org).

- Centres can use these as templates to create customized paper forms at their centres, using their own organization name, logo, and formatting.
- Each center will also decide which (if any) of the optional questions to include on their paper form.
- Sample documents created by one of the pilot CHC sites are also available on the SharePoint portal.

## Where can I see a list of which questions are mandatory and which are optional?

There is a list of questions only (without response options) that indicates whether each is optional or mandatory. It is available in the Alliance SharePoint portal in English and French.

## How do we gain access to the Alliance IM SharePoint if we currently don't have it?

Send an email to [BIRT@AllianceON.org](mailto:BIRT@AllianceON.org), and they will assign you a username and password.



# EMR Workflow

## Will there be a "finish button" in the floating form?

There is no 'finish' button on the floating form. Once the form is in the chart, there is a "Mark as Reviewed" button.

- Until the form is marked as reviewed, you will be able to find it the same as any other unfinished document.

## Once you have completed a section of the form, do you have to save that completed section before moving on to the next section?

You do not need to save each tab. You can put the form in the chart at any time and come back to it later.

- There are no validation rules on the questions, so the form can be saved ("Marked as Reviewed") at any time.

## Will data flow if left "unfinished"?

Data is available in LogiReport from unfinished forms, but it will not flow to BIRT and therefore will not be counted towards your data completeness if the forms are not finished ("Marked as Reviewed").

## Will forms not marked as reviewed appear in the "Needs Review" dashboard? If so, will it be under "Needs Review" or "Unfinished"?

They will show up in the dashboard under Unfinished.

- We recognize that this terminology and colour discrepancies in the display make this a little confusing. We will bring these concerns to TELUS to see if the wording can be changed.

## Is there some functionality on the form to show the "last completed date"?

If you place a link in your toolbar, you can add that option on the toolbar

- This means you will have two dates on the tool bar, which might be beneficial until the new form is completely rolled out and in most client's charts

## Will the "Last Completed" toolbar and Ocean form for automatic updating still function?

The Ocean form has been created with this functionality, and it should populate the new HEQ form in PS Suite.

## Will the Ocean version of the form populate the chart as finished/reviewed or will it require manual completion of that step?

No. The functionality of Ocean and TELUS PS Suite means that the form comes into the chart unfinished and needs to be marked as reviewed.

## Would you have to click on the link in the form to complete a new questionnaire? Or can you hit F2 again to access a new questionnaire?

Either way will work.

- You can also go to the "View" menu to find the form or place a link in a toolbar.

## We've noticed that clients often leave some questions blank without answering "prefer not to answer." For electronic versions, can we make it mandatory to select a response before moving on to subsequent questions? Is that seen as an appropriate workflow?

Yes. Some centres have done this with their Ocean versions of the form – made questions mandatory.

## If people administer the question on paper using a language that is not in the EMR, and then enters the data into the EMR, how can they make sure that the right fields are entered?

It's the same whether you're using the new health equity form or the old extended demographic form.

- Whatever you did when using the extended demographic form, you should continue with that workflow.



# Data Compatibility, Flow, and Reporting

With all the work we've done at our CHC to get completed extended demographic data, how will that data transfer to these new custom forms? Or will it?

Data from both the old and new forms will be available in both BIRT and LogiReport. No data is lost.

- Data which you have previously entered into the extended demographic form, or which you enter between now and when you implement the new form, is good data. It's accessible, it goes into BIRT; it goes into Logi Report. You can use that data.

My understanding was that the extended demographics form would be updated, not that a new custom form would be created. Will the extended demographics form be updated at all?

No. The Health Equity Questionnaire replaces the Extended Demographic form.

- The existing form will not be updated. They're 2 completely different forms.
- Those of you that work in PS Suite and are used to the extended demographic form will recognize that this is a very, very different form. The functionality is completely different.

Will TELUS upload the data from the previous demographic form to the new one, so we won't have to re-enter all the data from the previous form to the new one?

No. Because this is a totally new form with different functionality, the first time you put the new health equity form into a client's chart, it will not and cannot pick up data from the old extended demographic form.

- After you have used the new form once, it will pick up the data you enter there for subsequent uses.
- TELUS has told us that the functionality to populate data from the old form to the new one is not available.

So now when we are doing reporting on SD data, will we need to pull data on 2 forms?

No, the data from both forms will be available in BIRT and LogiReport so you will be able to get the data from either form, the next time you ask the client to update the information you should use the new form.

Will the data still be mapped to BIRT if we de-activate the old form?

Yes. The data will map to both BIRT and LogiReport from either form

If we hide optional questions and want to ask them separately, in a form customized for our site, will our data still be updated on Alliance/BIRT end?

All questions that are answered will populate BIRT and LogiReport. Questions that are hidden or not answered will not provide data for reporting.

Will there be some data validation for the French data-mapping to BIRT?

The PS Suite functionality only allows this data to be collected using custom forms.

- We are using the Ontario Health translations and will work with centres to ensure that BIRT matches this

Will the data still be mapped to BIRT if we de-activate the old form?

Yes. The data will map to both BIRT and LogiReport from either form



# Accessing and Interpreting Your Data

## Can the chart have the old and new forms?

Yes. Both forms can be in the same chart.

## Will we still be able to access the data we collected using the old *Extended Demographic* forms?

Yes. Data from both forms will be available in both BIRT and LogiReport.

- No data will be lost.

## Will we have to use different reports/tables to pull from the new form vs the old one?

No. The data from both forms will be available in BIRT and LogiReport, so you will be able to get the data from both forms in the same report.

- The *Demographic* view will be updated. There will also be a new view created called Health Equity History.
- Right now, the *Extended Demographic* view shows the history of the extended demographic form. The new Health Equity History will show the history of the *Health Equity Questionnaire*.
- All of the current data will be available in the *Demographic* view, regardless which form it comes from.

## Will data flow if left unfinished?

Yes and no. Data from unfinished forms is available in LogiReport, but it will not flow to BIRT until it is finished (marked as reviewed).

- Unfinished data will therefore not be counted towards the 75% completeness target or reflected in the data placemats.

## Can you offer suggestions on how to stratify data now that multiple responses can be selected? If 50 people complete the form, but 100 languages or orientations are selected, how will we determine the rate of clients (unique) served for these needs?

We will need to look at this with centres and/or at RUG meetings to see how the data looks once entered.

- Both BIRT and LogiReport are expecting multiple answers.





# Sociodemographic Data QI & RALI

How will this impact the Health Equity data completeness which is measured sector-wide? Will old and new data be considered uniquely for determining our progress towards 75%, or will it be combined?

Data from both forms will be combined when measuring progress towards the target.

- Whichever form was used when entering sociodemographic data into the EMR (old Extended Sociodemographic Form or new Health Equity Questionnaire), it will count equally.

Does the resolution to have 75% data collection done by end of 2024 require us to have collected the data with the new form? If we have already collected data using the old form, does that count?

Progress towards data completeness counts regardless of which form was used to collect it.

- The resolution is only concerned with data for the mandatory questions. It does not include the optional questions.
- When you look at the new questionnaire, you will see that there are no new mandatory questions – only new ways of answering. If you've got an answer under "Household Income," that still very much counts. So you don't have to start from scratch.

All of the data you've been collecting up to now counts towards your data completeness.

- We have known for years that this updated questionnaire was coming, and we made a conscious decision to focus on sociodemographic data collection in our 2022-23 learning collaborative and our 2022 RALI pilot.
- Your progress still counts; your data still counts; and your process improvements apply equally to both forms.

If a client's sociodemographic info was last collected more than 3 years ago in 2020, is it still considered valid for the 75% completion?

Yes. It is a best practice to update, but all of the data will be counted

What is the correlation between the new forms and RALI? Are we all expected to complete RALI?

RALI is a general support to help teams improve their data collection rates, regardless of the form they are using.

- RALI helps teams analyze and rework their process for collecting sociodemographic data, so they can improve their data completeness and/or quality. Participating teams receive tips and techniques to review current process, create new process and then spread and implement the change across organization.
- RALI-SDD relates more to the question of how to best get the data collected. Teams who participate(d) in RALI using the old form can apply their learnings and their new process to the new form. Teams may also participate in RALI using the new form.

Which organizations would benefit from RALI?

It's applicable to any organization who wants to improve their sociodemographic data-collection process, in order to improve their data.

- If you don't have a process or are unsure of your process, please consider joining RALI



### Which staff members should participate? Is it just for folks who are working with patients?

Each participating centre should build a QI team that includes their data person, a QI lead, and everyone else directly involved in data collection.

- Your data person is essential, because you will need to pull data throughout RALI to test your change ideas and measure your progress.
- As with any QI project, you need a leader who will move the work along and keep people motivated, organize meetings, etc.
- The third piece that really helps you decide who to bring to the table is asking, *Who touches this process? Who's involved in it?* If your front desk staff are involved in data-collection, they need to be on the QI team, because you don't want to build a process that they won't adopt. Anybody who touches the process must be involved in improving that process.

### Why is “unknown” or “prefer not to answer” considered unusable data when it is the client's response? Why isn't the % of people who prefer not to answer considered usable data?

We felt it was important to distinguish “prefer not to answer” and “unknown” (both client responses) from usable data and from missing data.

- Despite being unusable in this sense, “prefer not to answer” and “unknown” reflect that the question was asked and answered, and they count towards the target of 75% data completeness.
- “Prefer not to answer,” “unknown,” and missing data are all unusable for program planning or to truly distinguish whether there are health disparities.
- If your organization has a high rate of complete but unusable data, you may wish to focus your QI efforts on improving data quality. RALI can help with this as well.

### Are there resources to support conversations with clients? How can I respond to a client who asks, "Why do I have to answer these question. My last doctor did ask these questions."

Ontario Health has provided resources about “We ask because we care.” These are available on the Alliance SharePoint.

### Does “year you moved to Canada” offer a “do not know” or “approximate date” option? Clients may not be able to recall it.

There is no “Do Not Know” option for this field, but an approximate year can be used.

