Creating an Inclusive Environment for LGBTQ Patients

Joanne Glusman, MSW, LSW
Eileen Phillips DNP, RN, NE-BC
About us

Main Line Health®

LankenaU Medical Center
Bryn MaWr Hospital
Paoli Hospital
Riddle Hospital
Bryn MaWr rehab Hospital
Mirmont Treatment Center
Homecare & Hospice
LankenaU Institute for Medical Research

11,357 Employees
2,000+ Medical staff members
2,000+ Volunteers

1,355 Licensed beds
177,463 ER visits
60,233 Total discharges
7,602 Births
993,308 Outpatient visits
245,731 Home Health visits
Our Journey

1st Annual Disparities in Care Colloquium held
2Q 2011

DR & I Focus at MLH:
- Created Charters
- 1 Steering Committee
- 17 Work Groups formed involving 200+ MLH Employees

1Q 2013

Focus Groups with 860 MLH Employees held
4Q 2013

Web-based Cultural Competency Training launched
4Q 2013

System / Entity Initiatives launched:
- Diversity and Inclusion Days
- Cultural Meal Celebrations
- Lunch & Learns
- Monthly Messages

1Q 2014

1st Annual System-Wide MLK Celebration
1Q 2015

969 Leaders Attended DR & I for Leaders (2-Day) Learning Experience
2Q 2016 – 1Q 2017

Institute for Healthcare Improvement (IHI) Commitment
2Q 2017 (2-Year Initiative)

Cultural Audits conducted at campuses
Ongoing

Additional Resources:
- CultureVision™
- Interpretation Services

Courtesy KF Smith
Main Line Health – Diversity, Respect and Inclusion

Our Journey Continues

- Care of LGBTQ Patients Web-Education
  - 1Q 2018

- LGBTQ Inclusive Options in EMR
  - 1Q 2018

- Grand Opening of LGBTQ Inclusive Care Centers
  - Bryn Mawr Family Practice
  - Paoli Family Medicine
  - 2Q 2018

Additional Resources:
- CultureVision™
- Interpretation Services
Main Line Health

STRUCTURE

Diversity and Inclusion Initiative

MLH Diversity & Inclusion Steering Committee

- FINANCE SUPPORT
- IT SUPPORT
- Marketing/Communications Support

- Talent Management Work Group
- Disparities in Care Work Group
- Business/Vendor Relations

- Education Work Group
- Community Work Group

ENTITY Diversity Councils (8)
BMH, BMRH, HCN/MLS, LIMR/LMC, MLS, MLHC, PH, RH/MTC
Workplace Diversity

Visible Diversity Traits
- Skin color
- Physical Traits
- Gender Expression
- Physical Abilities
- Religion
- Military Experience
- Geographic Location
- Personality
- Functional Specialty
- Work Background

Invisible Diversity Traits
- Behaviors
- Age
- Body Size/Type
- Socio-economic Status
- Mental health status
- Addiction
- Level in Organization
- Culture
- Ethnicity
- Sexual Orientation
- Family violence
- Marital Status
- Gender Identity
- Thinking Styles
- Habits
- Communication Style
- Native born/non native
- Education

Source: Society for Human Resource Management (SHRM)
## Curriculum

<table>
<thead>
<tr>
<th>Cultural Competence CBT</th>
<th>DRI Learning Experience</th>
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<tbody>
<tr>
<td>Cultural Competency Definition</td>
<td>Defining visible &amp; invisible diversity</td>
</tr>
<tr>
<td>Cross cultural conflicts &amp; impact in healthcare</td>
<td>Implicit/Unconscious Bias</td>
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<td>Personal Biases</td>
<td>Power and Privilege</td>
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<tr>
<td>Tools to apply to meet cultural needs</td>
<td>Generational Differences</td>
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<tr>
<td>Care of the LGBTQ Patient</td>
<td>Personality Differences</td>
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<td>LGBTQ</td>
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</table>
Separate curriculum created for Inclusive Offices / Providers

• ALL staff & providers
• LGBTQ 101
• Language
• Pt experience
• Important stats
• Legal issues
• Creating inclusivity
• Physician/PA/NP
• Hormone therapy
• Screenings
• Consents
• Surgery options
• Additional procedural options
A Dialogue About Diversity, Respect & Inclusion in Healthcare
Build through a wide-angle lens...

- Marketing
- Signage
- Web Content
- Expand Surveys
- Restrooms
- EPIC

- Mainlinehealth.org/specialties/lgbtq-inclusive-care
The only thing constant in life is change
Change Management

• “The oldest and strongest emotion of mankind is fear, and the oldest and strongest kind of fear is fear of the unknown.” H.P. Lovecraft

• No matter how well you plan for change you should always expect surprises.

• We fear change at work for a variety of reasons. These fears are often associated with fear of failure, fear of criticism and fear of the unknown.
Why is Change Management Important?

Because individuals will resist changes to their work environment in a variety of ways.
Epic Implementation Decision Making Governance

Strategic Oversight
- Establish PIVOT vision and strategy
- Provide final decision making for escalated decisions
- Manage high-level risk identification and mitigation

Operational Oversight and Advisory
- Provide directions and decisions to support integrated patient-centric operations
- Address escalated decisions presented from Advisory Committees, Project Teams and SMEs
- “Clearinghouse for ESC”

Advisory Committees
- Provide operationally-focused input that drives decision making based upon workflow and policy and procedure impacts
- Understand high-risk workflows and key metrics that pertain to their area
- Provide expertise on process and policy

Project Teams and Subject Matter Experts
- Responsible for build and workflow decisions, issue and risk management based on guidance from Advisory Committees

Project PMO
- Provide program and project specific standards, processes and tools to manage and support successful execution
Designing the Electronic Health Record

• Integrated health record
  – Big Bang on March 3, 2018
  – 5 Hospitals, 96 practices, Urgent Care, 4 Health Care Centers

• Engage the 'right' people

• Are they on board?
  – Setting aside personal feelings
  – Only considering how it affects their departments
  – Can they see the big picture?
Decision making and discussions pre-Epic build

• Reviewed information from:
  – Epic, Elsevier, IOM 2020, Fenway Health, Gay and Lesbian Medical Association (GLMA), Joint Commission (TJC)

• Met with operational SME's and Epic analysts:
  – What will be asked
  – By whom
  – When in the process
  – As meetings progressed, identified additional applications needing to be part of the discussion. In particular, Finance, Legal and Ambulatory
<table>
<thead>
<tr>
<th>Sex, Gender and Sexual Identification Questions</th>
<th>Epic</th>
<th>Elsevier CPM</th>
<th>Fenway</th>
<th>GLMA</th>
<th>TJC</th>
<th>Question to be Used</th>
<th>&quot;Who should ask?&quot;</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td><strong>SEX, NAME &amp; PRONOUNS QUESTIONS</strong></td>
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<td>• How do you want to be addressed?</td>
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<td>• Current practice is to just ask “what is your sex”</td>
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<td>• What was your sex assigned at birth? M/F/Unknown, not recorded on Birth certificate, choose not to disclose, uncertain</td>
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<td>• What sex were you assigned on your original birth certificate?</td>
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</table>
• All registrars to ask preferred name

• Patient facing material such as ID bands, AVS, Daily Plan of Care would print both name and "preferred name"

• Gender Identity is shown in the Ambulatory snapshot and sidebar reports, *if collected*

• Pronouns and gender identity questions to be asked by IP nurse

• Preferred name and pronouns would be displayed in header next to name, *if collected*
Main Line Health – Patient Profile

**Initial Information**

<table>
<thead>
<tr>
<th>Pronoun Preference</th>
<th>He/him/his</th>
<th>She/her/hers</th>
<th>They/them/theirs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Identity</td>
<td>Male</td>
<td>Female</td>
<td>Trans man</td>
</tr>
<tr>
<td>Do You Speak a Language Other</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<td>Source of Information</td>
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<td>Stated Reason for Admission</td>
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<td>Pronoun Preference</td>
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<tr>
<td>Stated Reason for Admission</td>
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<td>Patient Aware of Diagnosis</td>
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<tr>
<td>Other Providers/Services</td>
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<tr>
<td>Primary Contact Name and Number</td>
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<tr>
<td>Other Contacts (Names) and Addresses</td>
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</tbody>
</table>

**Mutuality/Individual Preferences**

| Describe Yourself | | | |
| Others' Description of Patient | | | |
| Dominant Hand | | | |
| Recent Change in Mood/Behavior | | | |
| Personal Strengths | | | |
| What Anxieties, Fears, Concerns, or | | | |
| How to Address Anxieties/Fears | | | |
| Is There Anything About Yourself or Those You Care About that Would Help Us Take Better Care of You? | | | |

**Is There Anything About Yourself or Those You Care About that Would Help Us Take Better Care of You?**

- Yes
- No
Challenges and Opportunities for the Epic Build

• **Upgrade planned for Spring 2019**
  - Pushed back to Fall 2019

• **Finance / Billing**
  - How will changing names affect billing and insurance?
  - Claims rejection may be a dissatisfier for patients
  - "Just wait till the upgrade"

• **Third party systems**
  - Blood bank

• **Opinions**
  - Not all decision makers were on the bus
  - "The transgender population is such a small number; can't we just wait to see the changes in the upgrade?"
Workflow challenges/lessons learned post launch

• Preferred name not always being asked at registration, or not easily visible

• Challenges for the transgender population
  – ID bands print with preferred name in "quotes" Ex. Jones, Mary "John"
  – Radiology and Lab slips don't have preferred name- Patients beingouted (safety issues) in waiting rooms
    • In-basket did not show preferred name or pronouns for those making phone calls
    • Provider notes have incorrect pronouns throughout
    • MyChart has no gender identity, pronoun or sex at birth questions
    • Central registration or the front desk did not have access to enter gender identity information if the patient offered
Work Arounds established for Transgender Patients

• Inclusive Care practices and Registration
  – Registered patients by putting their preferred name in the Name field
  – Name on ID entered in Alias/Preferred field

• Billing was challenged on the back end to reconcile name, preferred name and insurance

• However, this is reconciled currently for divorced, recently married patients with name differences upon registration
Short term fixes before the Upgrade

• Highlight preferred name in the header

• Re-educate registration regarding collection of preferred name for ALL patients

• Change radiology and lab slips to contain preferred name

• Educate all ancillary and ambulatory staff to use preferred name when calling for patients
Short Term Fix
Next steps: Continued Education

• Develop scripts for education increasing comfort level

• All MLH staff to attend full day DRI education- >1000 have already attended

• Provide short video demonstrations on how to ask questions such as preferred name, pronouns, gender, and sexual orientation

• Provide demos as well if a patient or family gives pushback

• Provide open forum opportunities for a "no dumb questions" conversation if employees are truly going to widen their lens
Next steps: Electronic health record

- Re-establish the SOGI decision-making body
- Take as many upgrade changes as possible
- Be progressive in our thinking
- Budget for tablets at points of entry for self-identification
- Add SOGI questions to MyChart and Self Check In
"Progress is impossible without change, and those who cannot change their minds cannot change anything."

George Bernard Shaw
Contact Information:

Eileen Phillips DNP, RN NE-BC
philipse@mlhs.org

Joanne B. Glusman MSW, LSW
glusmanj@mlhs.org
### GENDER QUESTIONS

<table>
<thead>
<tr>
<th>What is your gender? F/M/Genderqueer or not exclusively male or female / binary / Cis</th>
<th>Epic</th>
<th>Elsevier CPM</th>
<th>Fenway</th>
<th>GL MA</th>
<th>TJC</th>
<th>Question to be Used</th>
<th>&quot;Who should ask?&quot;</th>
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"What is your current gender identity? (with Choices) Male Female Trans Man Trans Woman Male-to-Female (MTF)/Transgender Woman Female to Male (FTM)/ Transgender Man Genderqueer, neither exclusively male nor female Non-binary Gender fluid Other, please specify:_____________ Decline to answer "

<table>
<thead>
<tr>
<th>Do you identify as transgender or transsexual?</th>
<th>Epic</th>
<th>Elsevier CPM</th>
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<table>
<thead>
<tr>
<th>What is your gender? M/F/Transgender M to F, transgender F to M, other</th>
<th>Epic</th>
<th>Elsevier CPM</th>
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<table>
<thead>
<tr>
<th>Are you transgender? No, Yes-transgender M to F, Yes-Transgender F to M, Transgender, Yes-do not identify as M or F</th>
<th>Epic</th>
<th>Elsevier CPM</th>
<th>Fenway</th>
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"Recommend asking post-registration, in private, by a clinician - begin by asking an open-ended question - would you like to discuss your gender identity? If yes then document in this flowsheet - Include definitions in the row information for clinicians MyChart: Questions should be included in the MyChart Portal for patients"
### 5. PRONOUNS

<table>
<thead>
<tr>
<th>Preferred Pronouns (open ended blank)</th>
<th>Epic</th>
<th>Elsevier CPM</th>
<th>Fenway</th>
<th>GLMA</th>
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| Patient's pronouns: she/her/hers; he/him/his; they/them/theirs; patient's name; decline to answer | x    |               |        |      |     |                      | x                | Nursing / Provider / MA |

<table>
<thead>
<tr>
<th>Pronoun preference</th>
<th>x</th>
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</table>

### 6. TRANSITION QUESTIONS

| Steps taken to transition—presentation aligned with gender identity; preferred name aligned with gender identity; legal name aligned with gender identity, legal sex aligned with gender identity; medical or surgical interventions | x |

| Do not ask - part of medical and surgical history | x |

### 7. ORGAN INVENTORY

| Organs the patient currently has: breasts, cervix, ovaries, uterus, vagina, penis, prostate, testes | x |

| Organs present at birth or expected at birth to develop: same as current organs, breasts, cervix, ovaries, uterus, vagina, penis, prostate, testes | x |

| Organs hormonally enhanced or developed: breasts | x |

| Organs surgically enhanced or constructed: breasts, vagina, penis | x |

| Do not ask - would already be part of medical and surgical history | x |

Any clinician completing the patient history
### 8. RELATIONSHIP QUESTIONS

<table>
<thead>
<tr>
<th>Problems affecting how you see yourself as a man/woman and or relationship with partner</th>
<th>Epic</th>
<th>Elsevier CPM</th>
<th>Fenway</th>
<th>GLMA</th>
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<tr>
<th>Do not ask - not medically necessary - similar questions asked in patient's social history already</th>
<th>Epic</th>
<th>Elsevier CPM</th>
<th>Fenway</th>
<th>GLMA</th>
<th>TJC</th>
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### 9. SEXUAL ORIENTATION QUESTIONS

<table>
<thead>
<tr>
<th>Do you consider yourself to be: Straight, gay or lesbian, bisexual</th>
<th>Epic</th>
<th>Elsevier CPM</th>
<th>Fenway</th>
<th>GLMA</th>
<th>TJC</th>
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<table>
<thead>
<tr>
<th>Sexual Orientation identity: Bisexual, gay, hetero/straight, lesbian, Queer, Other-feel free to explain, Not sure, Don't know</th>
<th>Epic</th>
<th>Elsevier CPM</th>
<th>Fenway</th>
<th>GLMA</th>
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<table>
<thead>
<tr>
<th>Patients sexual orientation: Lesbian or gay, straight, bisexual, something else, don’t know, choose not to disclose</th>
<th>Epic</th>
<th>Elsevier CPM</th>
<th>Fenway</th>
<th>GLMA</th>
<th>TJC</th>
<th>Question to be Used</th>
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<tr>
<th>Do not ask - not medically necessary</th>
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<th>Elsevier CPM</th>
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### ADDITIONAL QUESTIONS

**10. CARE PERSONALIZATION QUESTIONS**

<table>
<thead>
<tr>
<th>What information would help us give you more personalized care?</th>
<th>Epic</th>
<th>Elsevier CPM</th>
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<th>TJC</th>
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<thead>
<tr>
<th>Is there anything about yourself or those you care about that would help us take better care of you</th>
<th>Epic</th>
<th>Elsevier CPM</th>
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<th>&quot;Who should ask?&quot;</th>
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<th>Is there anything else we have not discussed that you would like to tell me so that we can be sensitive/responsive to your needs? (U of P question)</th>
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