



# Creating an Inclusive Environment for LGBTQ Patients

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LANKENAU MEDICAL CENTER

BRYN MAWR HOSPITAL

PAOLI HOSPITAL

RIDDLE HOSPITAL

BRYN MAWR REHAB HOSPITAL

MIRMONT TREATMENT CENTER

HOMECARE & HOSPICE

HEDICAL RESEARCH













**Total discharges** 

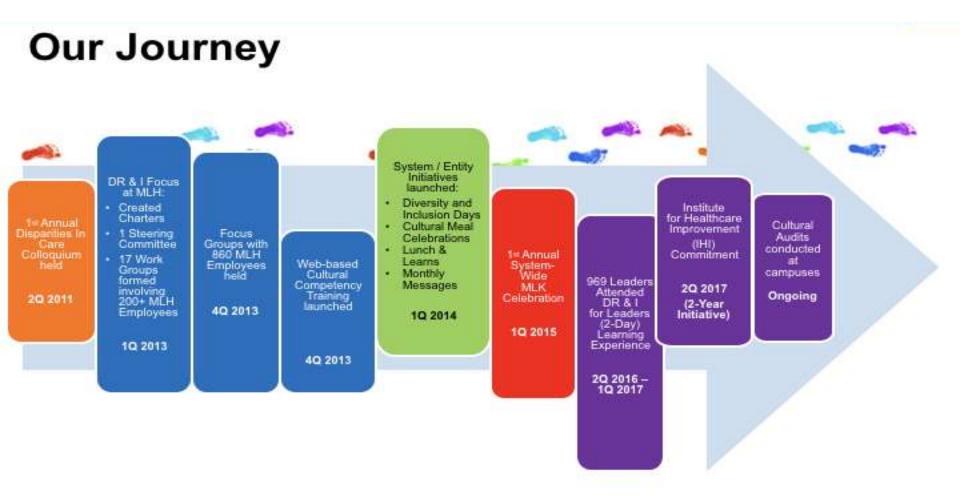




**Outpatient visits** 



Home Health visits



#### Additional Resources:

- CultureVision™
- Interpretation Services



# **Our Journey Continues**



#### Additional Resources:

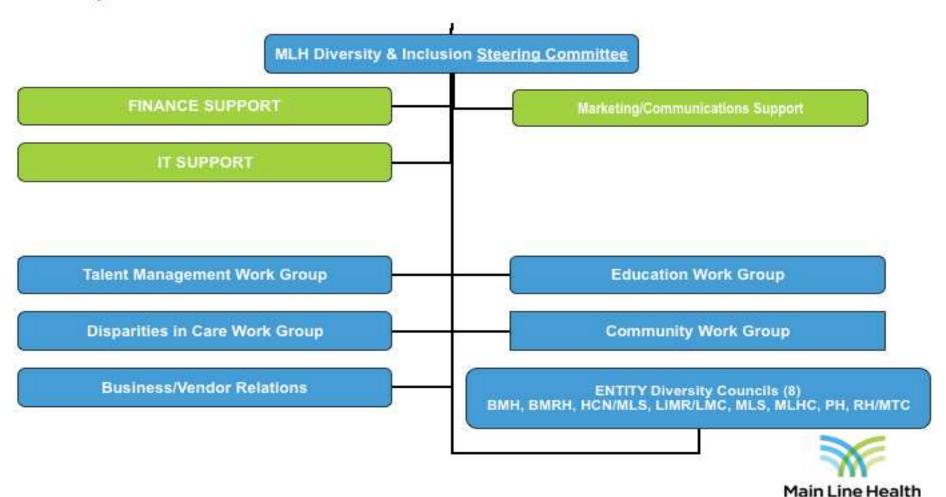
- CultureVision™
- · Interpretation Services



Well ahead."

#### STRUCTURE

#### **Diversity and Inclusion Initiative**



#### Workplace Diversity



#### Curriculum

Cultural Competence CBT	DRI Learning Experience
Cultural Competency Definition	Defining visible & invisible diversity
Cross cultural conflicts & impact in healthcare	Implicit/Unconscious Bias
Personal Biases	Power and Privilege
Tools to apply to meet cultural needs	Generational Differences
Care of the LGBTQ Patient	Personality Differences
	LGBTQ





# 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

#### **OVERVIEW**

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**

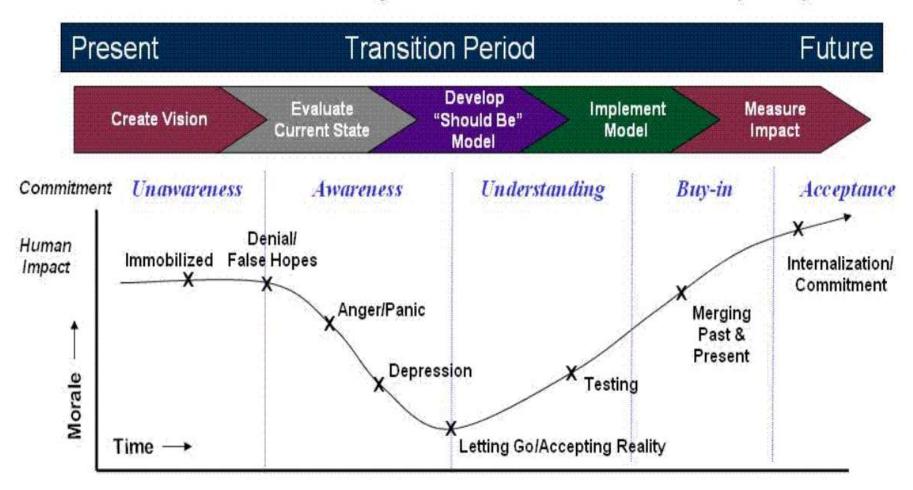
• "The oldest and strongest emotion of mankind is fear, and the oldest and strongest kind of fear is fear of the unknown." H.P. Lovecraft

 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 patientcentric operations
- Address escalated decisions presented from Advisory Committees, Project Teams and SMEs
- "Clearinghouse for ESC"

#### **Advisory Committees**

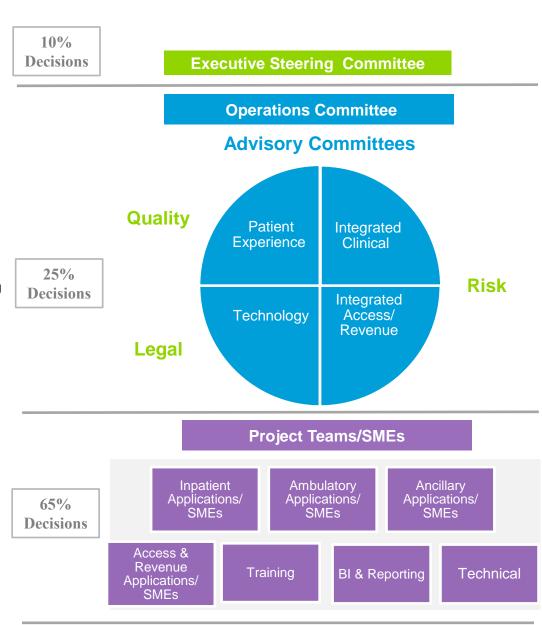
- Provide operationally-focused input that drives decision making based upon workflow and policy and procedure impacts
- Understand high-risk workflows and key metrics that pertain to their area
- Provide expertise on process and policy

#### **Project Teams and Subject Matter Experts**

 Responsible for build and work flow 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



**Project Management Office** 

## 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

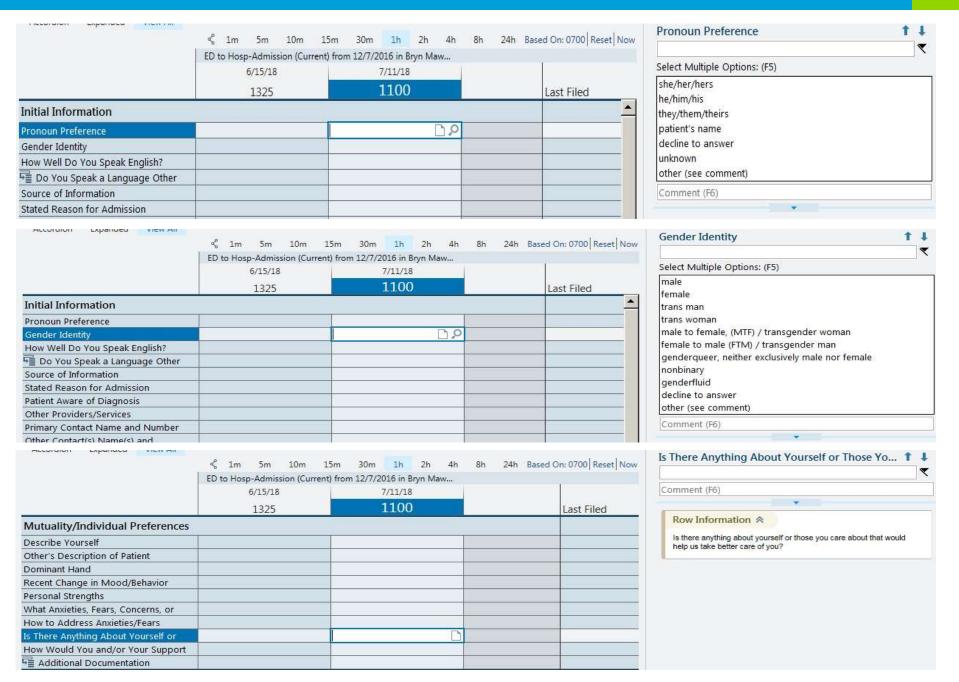
- Reviewed information from:
  - Epic, Elsevier, IOM 2020, Fenway Health, Gay and Lesbian Medical Association (GLMA), Joint Commission (TJC)
- Met with operational SME's and Epic analysts:
  - What will be asked
  - By whom
  - When in the process
  - As meetings progressed, identified additional applications needing to be part of the discussion. In particular, Finance, Legal and Ambulatory

Sex, Gender and Sexual Identification Questions	Epic	Elsevier CPM	Fenway	GLMA	TJC	Question to be Used	"Who should ask?	Comments
SEX, NAME & PRONOUNS QUESTIONS								
1. Name:								
Preferred Name	Х							
<ul> <li>How do you want to be addressed?</li> </ul>		х						
Name Used			х					
Name (What would you like to be called?)						х	Registration / Scheduling / PAT	Acts as preferred name but removes the word "preferred"
2. Legal Name:			X	Х				
<ul> <li>Not needed as a data field because this is part of the registration process</li> </ul>						х	Registration / Scheduling / PAT	Registration already collects this information
What is your legal name?								
3. Legal Sex:			Х					
Current practice is to just ask "what is your sex"						х	Registration / Scheduling / PAT	Registration already collects this information from the ID.
What was your sex assigned at birth? M/F/Unknown, not recorded on Birth certificate, choose not to disclose, uncertain	x							
What was your sex assigned at birth? M/F			x		x			
What sex were you assigned on your original birth certificate?								

### **Expectations At Launch - March 2018**

- 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**



### 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

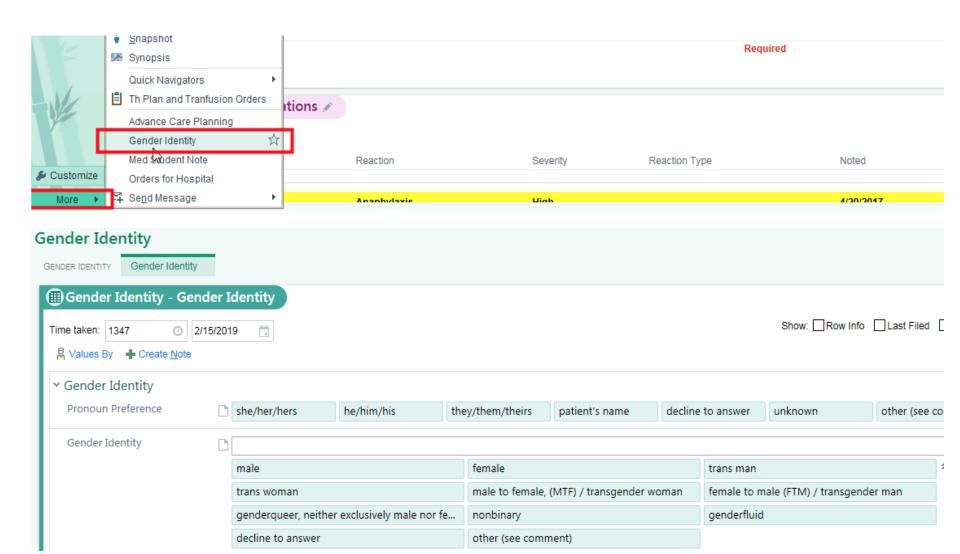
#### Opinions

- 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 being outed (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

# Main Line Health – Ambulatory



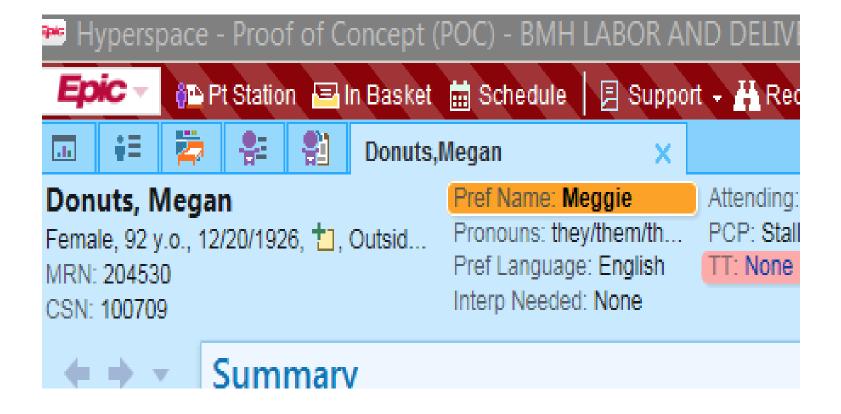
## Work Arounds established for Transgender Patients

- 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** 



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4. GENDER QUESTIONS	Epic	Elsevier CPM	Fenway	GL MA	TJC	Question to be Used	"Who should ask?	Comments
What is your gender? F/M/Genderqueer or not exclusively male or female / binary / Cis			х					
"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 "						X	Nursing / Provider / MA	"Recommend asking post-registration, in private, by a clinician - begin by asking an openended 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"
Do you identify as transgender or transsexual?			x					
What is your gender? M/F/Transgender M to F, transgender F to M, other	х		x	Х	X			
Are you transgender? No, Yestransgender M to F, Yes-Transgender F to M, Transgender, Yes-do not identify as M or F				х	x			

5. PRONOUNS	Epic	Elsevier CPM	Fenway	GLMA	TJC	Question to be Used	"Who should ask?	Comments
Preferred Pronouns-(open ended blank)			x	x				
Patient's pronouns: she/her/hers; he/him/his; they/them/theirs; patient's name; decline to answer	х					х	Nursing / Provider / MA	"Recommend adding ""Other: please specifiy"" to allow for a free text option Also could be an option to ask this on the MyChart patient portal"
Pronoun preference		Х						
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	Any clinician completing the patient history	
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	х							
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						х	Any clinician completing the patient history	

8. RELATIONSHIP QUESTIONS	Epic	Elsevier CPM	Fenway	GLMA	TJC	Question to be Used	"Who should ask?	Comments
Problems affecting how you see yourself as a man/woman and or relationship with partner		x						
Do not ask - not medically necessary - similar questions asked in patient's social history already						x	Any clinician completing the patient history	
9. SEXUAL ORIENTATION QUESTIONS								
Do you consider yourself to be: Straight, gay or lesbian, bisexual					х			
Sexual Orientation identity: Bisexual, gay, hetero/straight, lesbian, Queer, Other-feel free to explain, Not sure, Don't know			X	x				
Patients sexual orientation: Lesbian or gay, straight, bisexual, something else, don't know, choose not to disclose	X							
Do not ask - not medically necessary						х	Any clinician completing the patient history	Sexual activity - currently part of the social history, can satisfy this need
ADDITIONAL QUESTIONS								
10. CARE PERSONALIZATION QUESITONS								
What information would help us give you more personalized care?		x						
Is there anything about yourself or those you care about that would help us take better care of you						x	Any clinician completing the patient history	
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)								