

# LGBT-Sensitive Forms Taskforce – Coming to Terms with Gender Neutrality

## The Problem

Historically, BIDMC has built a reputation as a welcoming institution for the lesbian, gay, bisexual and transgender (LGBT) community. In FY 2013 BIDMC conducted a Community Health Needs Assessment (CHNA). The CHNA results showed a need to improve our sensitivity for our LGBT patients. Several initiatives were undertaken to improve care for these patients, and better reflect our respect for diversity.

## Aim/Goal

- Review patient-facing materials and make them more LGBT sensitive
- Educate and increase awareness of the Team regarding understanding the needs of LGBT patients and their families, supporting the BIDMC Human First and Patient-Centered aim
- Develop universal and standardized criteria/recommendations for the HIM Forms Committee to use when reviewing patient facing forms and education materials so forms can be more LGBT inclusive
- Incorporate review of LGBT sensitivity/inclusivity into forms up for review/renewal, etc.

## The Team

- Stacey Adamson, BIDMC LGBT Advisory Committee
- Craig Bennett, Director, Corporate Compliance
- Tricia Bourie, Program Director, Nursing Informatics
- Margaret Coletti, Director, Knowledge Services
- Patricia Folcarelli, Senior Director, Patient Safety
- Nancy Kasen, Director Community Benefits, Taskforce Chair
- Michelle Micale, Medical Record Project Manager
- Kelli Orlando, Director, Ambulatory Operations
- Julie Rockwell, Manager, Ambulatory Systems Administration
- Kim Sulmonte, Associate Chief Nurse, Quality and Safety
- Jane Wandel, Program Director, Patient Care Services
- Kristen Woods, Director, Patient Access

## The Interventions

- Reviewed forms from multiple departments, beginning with the highest volume forms (First tier included Mammography intake form, OB, Primary Care, and Urology)
- Provided criteria for the Forms Committee to review, discuss, amend and/or adopt.
- Embedded a guiding matrix to the existing BIDMC Policy ADM-06.
- Engaged with specific departments regarding the requirement of gender-specific questions

## The Results/Progress to Date

A list of recommended terminology was created for incorporation into all new and existing BIDMC forms. These recommendations focus on removing gender specific headers whenever possible unless there is a clinical reason not to do so, using gender neutral images, and rethinking the definition of family.

| Guidelines reviewed and approved by Medical Record Forms and Health Information Management Committees for inclusion in Appendix B of Policy ADM-06: Lesbian, Gay, Bisexual and Transgender (LGBT) Sensitive Language Changes for Patient-Facing BIDMC Forms and Materials |  |  |  |
|---|--|--|--|
| Current Language  | Recommended Replacements                         | Additional Language and Information  | Comments/Rationale   |
| Mother/Father   | "Parent"   |  | When asking about family history, references to specific family members should be removed and replaced with instruction "specify who".   |
| Husband/Wife  | "Spouse/Partner"                                 |  |  |
| Marital Status  | "Relationship Status"                            | List as options: Single, Married, Partnered, Separated, Divorced, and Widowed  | The provided options better capture the patient population.  |
| Medication Lists  | Include "Hormones"                               |  | Female, male, and transgender patients may take hormones   |
| Hormone Replacement Therapy   | "Hormones"                                       |  | All instances of "Hormone Replacement Therapy" (HRT) should be changed to "Hormones" as many different types of patients may take hormones.  |
| Social History and Primary Care History   |  |  | WebOMR has a comprehensive social history. Unless clinically indicated, it is not necessary to repeat the social history in the forms. Include as appropriate to capture new information (e.g., new patients, information not in WebOMR, etc.) |
| Sex   | "Gender"   | List as options: Male, Female, Transgender (sub options: Male to Female/M-T-F; Female to Male/F-T-M); Other  | The additional language of the options indicated will better capture the patient population. If room permits, please spell out. Otherwise acceptable to use M-T-F.   |
|   | Sexual Orientation                               | List options: "Do you think of yourself as: heterosexual/straight; lesbian, gay, or homosexual; bisexual; something else; don't know"                | Sexual orientation is not currently requested. It is expected to be included in Meaningful Use 3. When requested, please use the outlined option and question.   |
| Family History  |  | When asking for specific family member history of disease/condition, request information on "blood relatives". Include options: Not Known/Don't Know | Provide patients with further options than those traditionally suggested. This is particularly relevant for patients who may be adopted or may not know their biologic mother/father (e.g., sperm donor)                                       |
| Images  |  | Images should be made gender neutral. Other options include using diagrams (i.e., quadrants, clocks, etc) to illustrate area of interest.            | Images that depict a specific gender may limit patients from identifying certain medical issues. For example, males/transgender males obtaining breast screening would need a non-female illustration to document/locate the area of interest. |
| Female Only/ Male Only  | Remove references to "female only" / "male only" |  | Any reference to a specified gender should be removed and the section reworked. Suggest using "Not Applicable" as an option.   |
| Age Menstruation/Menopause began  | Remove references to "female only" / "male only" | Add "Not applicable" to this section and remove "Female only" reference  | The reference to "female only" on these sections should be removed and an option for "not applicable" should be added.   |
| Nursing Mother  | "Currently nursing"                              |  |  |
| Living Arrangement  |  | List as options: Alone, spouse/partner, children, siblings, group setting, personal care attendants, parents, other                                  | By changing these options, the forms will be consistent with those listed in WebOMR  |

## Lessons Learned

- Importance of a collaborative multi-disciplinary work group learning together about gender fluidity
- Importance of a communication strategy
- Commonalities existed throughout forms, allowing for the creation of a template that can be referenced when editing and creating new forms.
- The opportunity for this process to inform work in WebOMR and vice versa
- The challenge of what to do with our "goal" at the beginning and where to find a home for it. The matrix ultimately evolving to become part of ADM-06.

## Next Steps/What Should Happen Next

In our culture of *Human First*, we strive to see each patient as an individual. Therefore, as the BID System continues to strengthen and we share in the patient's care, the amended language and our established standards apply across our system as more individuals identify as gender neutral/fluid/transgender and we continue to foster BID's goal to improve sensitivity for our LGBT patients.