Mass General Brigham
Wentworth-Douglass Hospital

Gender Diversity: A Service-Line Approach

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Disclosures

Nothing to disclose

Objectives

- Review common definitions and terms
- Discuss the impact of gender diversity on health outcomes
- Review a service-line initiative to improve gender affirming care

Definitions and Terms

- **Sexual Orientation** – How a person characterizes their emotional and physical attraction to others.
- **Gender Identity** – A person's innermost concept of self as male/female, a blend of both, or neither; how a person perceives themselves and what they call themselves.
- **Sex Assigned at Birth** – The sex assigned to a person by a clinician when they were born.
- **Sex (legal)** – The sex used for legal/administrative purposes. Usually listed on a driver's license and other forms of official documentation.
- **Pronouns** – word that refers to a person, in place of their name. Pronouns can be gendered (examples: he/him or she/her) or gender-neutral (they/them or ze/hir).

Some people prefer to only be called by name, rather than a pronoun

Definitions and Terms

L G	**Lesbian or Gay:** A person who is primarily emotionally and physically attracted to people of the same sex and/or gender as themselves.
B	**Bisexual:** A person who is emotionally and physically attracted to women/females and men/males; some people define bisexuality as attraction to all genders.
T	**Transgender Female:** A person who identifies as a girl/woman and was assigned the “male” sex at birth. **Transgender Male:** A person who identifies as a boy/man and was assigned the “female” sex at birth.
Q	**Queer:** An umbrella term describing people who think of their sexual orientation as beyond societal norms. **Questioning / Unsure:** A person who is exploring or not certain of their sexual orientation.
I	**Intersex:** A person who has both male and female sex organs or other sexual characteristics.
A	**Asexual:** A person who experiences little or no sexual attraction to others; may still engage in sexual activity. **Aromantic:** A person who experiences little or no romantic attraction to anyone.
+	**Pansexual:** A person who is emotionally and physically attracted to people of all gender identities or having attractions that are not related to other people’s gender. **Genderqueer:** A gender identity that is beyond the traditional girl/woman or boy/man binary. **Non-binary:** A gender identity that is neither the traditional girl/woman or boy/man binary.

Background

- 1880s • Sexually diverse people went from being immoral or criminal to mentally ill
- 1973 • APA removed homosexuality from its list of diagnoses
- 1990 • WHO declared homosexuality is not an illness
- 2012 • DSM removes transgender as a diagnosis, replacing with gender dysphoria
- 2015 • The Supreme Court rules same-sex marriage is a federally protected right
- 2023 • Over 500 anti-trans bills introduced

Background (Cont.)

- **Statistics *Are* Lives**
  - 23 million Americans identify as LGBTQIA+
    - Half of those individuals identify as non-white
  - 1.6 million people in the US identify as transgender or non-conforming
- **Stigma *Shortens* Lives**
  - 36% of LGBTQIA+ people have avoided routine medical care
  - 15% of LGBTQIA+ people report delaying or avoiding needed medical care
  - Transgender people
    - 2x increased risk of early death
    - Higher rates of avoiding needed medical compared to other LGBQIA+ individuals
    - Higher levels of being refused medical care
- **Support *Saves* Lives**
  - Decreased anxiety, depression, and suicidal thoughts
  - **Risk of suicide decreases by almost 75%**
  - Increased participation in medical care

WE can help people access health care and live healthy lives if we affirm ***WHO*** they are, including using their correct pronouns

Local Problem

Lack of formal staff training

- Implicit bias
- LGBTQIA+ friendly practices
- Alternative family methods
- Gender-affirming care

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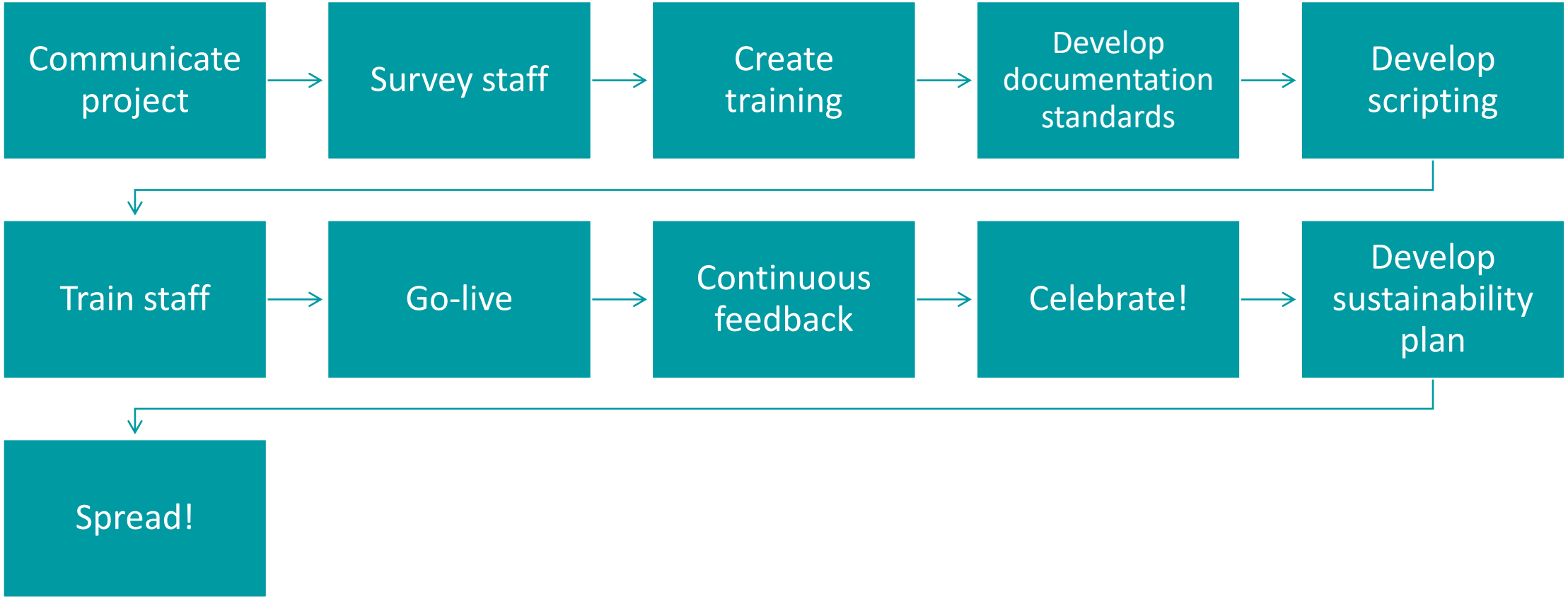
Design and implement a Respectful Care Framework for the Women and Children's Service Line

- Adherence to mandatory trainings
- Respectful and inclusive documentation standards
- Increased patient satisfaction

Multidisciplinary Team

OE Core Team – Respectful Care	
Heather Allard, Social Worker She, her, hers/they, them, theirs	**Stephanie LaChapelle, RN** She, her, hers
Jessica Bacon, CNM She, her, hers	**Janet Perkins, MD** She, her, hers
Emma Dolan, Doula She, her, hers	**Sherry Wells, Practice Manager** She, her, hers
Leigh Hardiman, Practice Manager She, her, hers	**Rebecca Wittman, Project Manager** She, her, hers
Elizabeth Krainchich, CNM She, her, hers	

Methods


Communicate project
Survey staff
Create training
Develop documentation standards
Develop scripting
Train staff
Go-live
Continuous feedback
Celebrate!
Develop sustainability plan
Spread!

Change

All roles will be accountable for **2 primary changes**

1. **Review** patient identifiers via SOGI SmartForm ***prior*** *to* patient interaction
2. **Ensure** the medical record reflects patient identifiers
    - **Update** the SO/GI SmartForm, if needed
    - **Use** their **identified name, sexual orientation, sex assigned at birth, gender identity, pronouns* in documentation, including *free text* areas (such as progress notes) **Safety clause*

In a life-threatening emergency: Patient-saving first, SO/GI second

Change

Rooming Staff (MA, LNA, LPN, RN)

- Discuss Respectful Care initiative and confirm patient identifiers at:
  - Initial (new patient) visit
  - Annual Exam
  - First OB visit
  - All inpatient admissions.
- Outpt: Document on the Rooming Tab in Epic
- Inpt: Document on nursing Hand-off

Ensure Care Team is aware of any patient changes

Sexual Orientation, Gender Identity (SO/GI) Smartform

Epic | Patient Station | Encounter | In Basket | Schedule | Build Tools | Record Viewer | Content Review | Reports | Support | Resources | Tables | Personalize | Pt Station | Build Tools | Support | My Reports | Print | IS Service Desk | Log Out

Zzzzwdhcontrol, Testo... | NON-PRODUCTION | AMY BEHAN

TZ

Zzzzwdhcontrol, Testone
Female, 73 y.o., 1/1/1950
PBN: 800003
PMRN: 10140242156
Code: Not on file (no ACP docs)
Search
COVID-19 Vaccine: Unknown

Wilhelmina D Cabalona, MD
PCP - General
Primary Cvg: None

Allergies (2)

ACTIVE TREATMENTS
PACLITAXEL 150 MG/M2/GEMCITABINE 1000MG/M2 DAYS ...

Ht: 162.6 cm (5' 4")
Wt: 59.9 kg (132 lb) >180 days
BMI: —
BP: 118/70 >1 day

Chart Review | Care Team Paging | Synopsis | Immunizations | PDMP | Education | Communications | WDH Viewer | MUSE | SnapShot | Sexual Orientation and Gender Identit...

Sexual Orientation and Gender Identity SmartForm

Sexuality

Patient's sexual orientation: Gay/Lesbian | Straight/Heterosexual | Bisexual | Other | Questioning/Unsure | Declined to state | Queer | Pansexual | Asexual

Gender Identity

Patient's sex assigned at birth: Female | Male | Unknown | Declined to state | Uncertain

Patient's gender identity: Female | Male | Transgender Female | Transgender Male | Other | Declined to state | Questioning/Unsure | Genderqueer/Queer | Non-binary

Patient's pronouns: she/her/hers | he/him/his | they/them/theirs | patient's name | decline to answer | unknown

Comments

Insert SmartText | 100%

Patient's Transition Plans and Organ Inventory

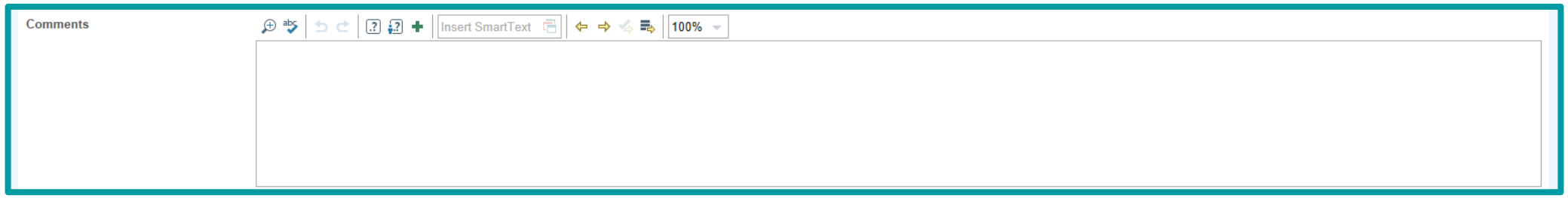
Easiest way to access: Click on the patient's listed gender on the snapshot
Do not rely on the snapshot alone – it doesn't show all the information!

Comment Section

Because not everyone got a speed button…

Never select a "wrong" speed button

- Insert the standard smart phrase for the SO/GI category (Sexual orientation, Sex assigned at birth, Gender identity, pronouns)
- Document patient identifiers in the free text section of the smart phrase exactly as the patient reports
    - Feel free to ask the patient how to spell the term/s



Comments do not "print" or "push to the portal".

Use this box to document any safety concerns or conditional patient identifiers.

Document Completion

Outpatient

Flowsheets

File | Add Rows | LDA Avatar | Add Col | Insert Col | Data Validate | Hide Device Data | Last Filed | Reg Doc | Graph | Go to Date | Responsible

WHP Rooming | 30 Second Chair Rise | Geriatric Depression ... | The CRAFFT Questions | MGfC NSI & Learning | STOP-Bang Questionnaire | Epworth Sleepiness Scale

Search (Alt+Co...

Hide All | Show All

- Learning/Barriers
- Health Literacy...
- Hazardous Wo...
- Chaperone
- Interpreter Ser...
- Hand Dominance
- Respectful Car...

Accordion | Expanded | View All

1m | 5m | 10m | 15m | 30m | 1h | 2h | 4h | 8h | 24h | Interval Start: 0700 | Reset | Now

Appointment from...
5/8/2023
1300

Learning/Barriers
- Learning Style/Preferences
- Learning/Barriers
- Assistive Communication Devices
- Taught to Whom

Health Literacy Score
- How often do you need to have someone help you when you rea...

Hazardous Work History
- Have you been exposed to hazardous material at work?

Chaperone
- Chaperone Name
- Type of Exam

Interpreter Services
- What is your preferred language?
- Patient Refused Interpreter
- Interpreter Service Used

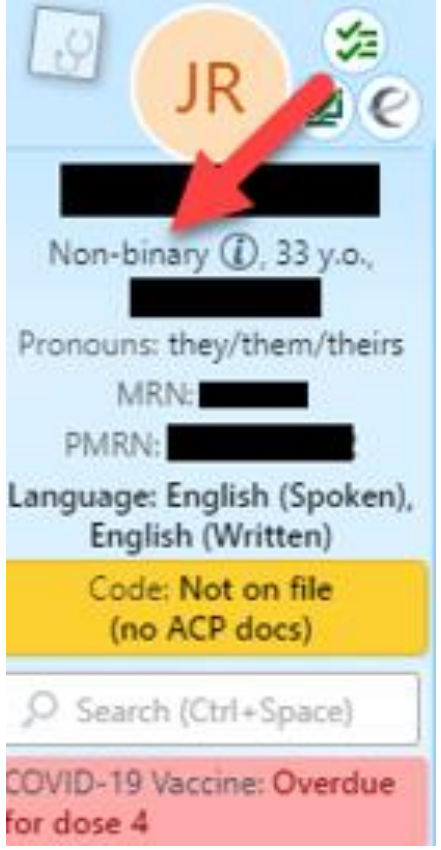
Hand Dominance
- Dominant hand

Respectful Care Review
- SOGI (Sexual Orientation and Gender Identify) SmartForm Review
  - Reviewed with patient, no changes
  - Reviewed with patient, updated patient's preference
  - Next Row

Inpatient

Admitted for: *** Pronouns: ***
Relevant Hx: *** Allergies: *** Meds: ***
Labor Course: ***
Delivery: *** EBL: *** Laceration: *** Feeding: ***
PP follow up: ***

Change



All staff/providers after rooming

- **Use** their identified name, sexual orientation, sex assigned at birth, gender identity, pronouns **in documentation**, including free text areas (such as progress notes)

What if…?

HOW TO RESPOND
When patient identifiers are conditional (*Safety Clause)

- **Affirm the patient**
  - "I am grateful you feel safe with me, and I see that you…
    - "…use they/them pronouns."
    - "…identify as _____."

- **Offer options & document in SO/GI Comments**
  - "I can use different sets of pronouns in different scenarios. When is it ok to use they/them pronouns?"

  - "We don't have to disclose your gender identify to anyone else. Would you prefer that we use your sex assigned at birth when others are around?"

  - **Use standard smart phrase**

HOW TO RESPOND
When there is patient/visitor pushback

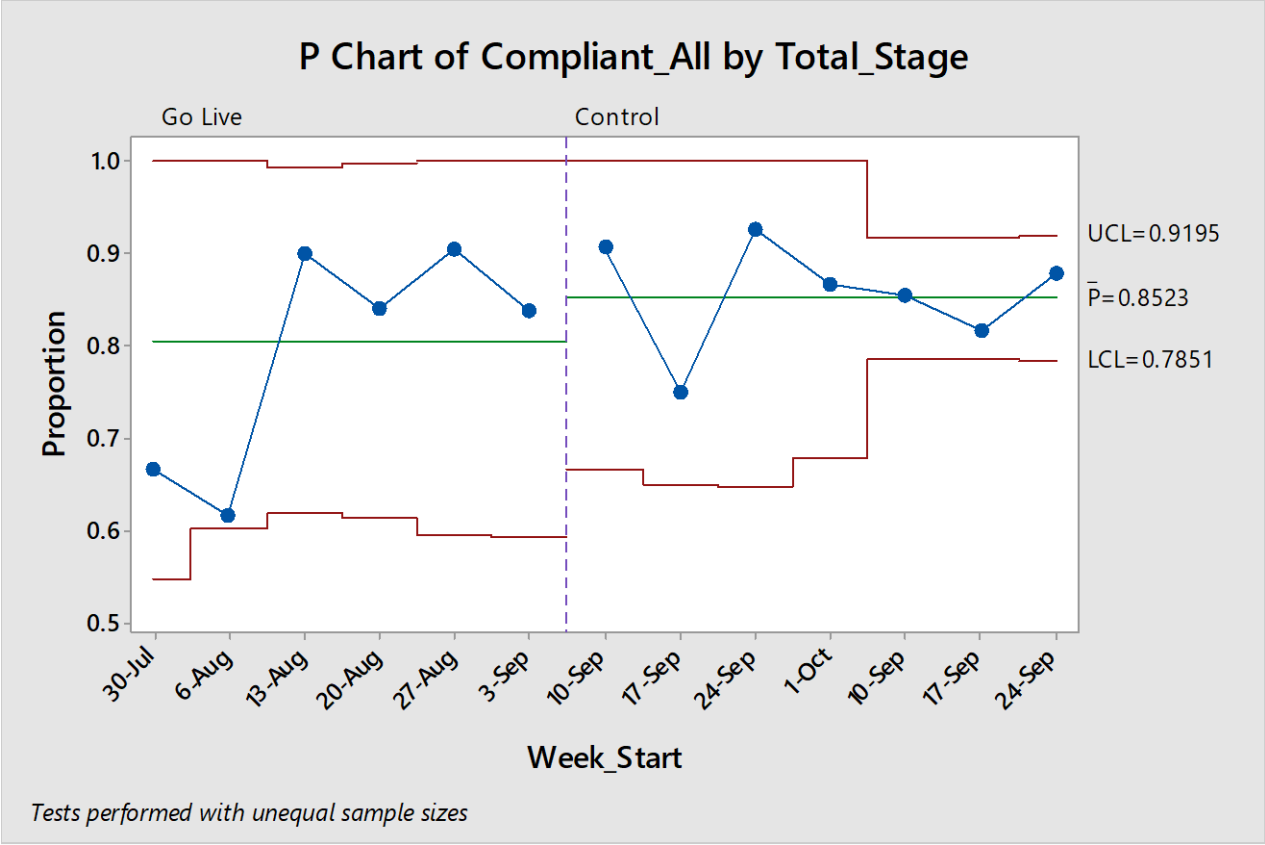
- **Pause**
  - Take a breath and think of your response as to not escalate the situation.
- **Affirm the concern and the *Why***
  - “I understand these questions can feel unnecessary, but they are part of our standard intake process…”
  - “I hear that you don't like this, but it's how we take the best care of our patients…”
  - “You’re right, this is a change to how we have done things previously. We were wrong not to do this before, and we appreciate your patience while we implement these new practices.”
- **Restate the expectation**
  - "Thank you for answering. I have documented your pronouns in your chart, and we will not ask again today.”

HOW TO RESPOND
When you make a mistake

- **"WOW" Take responsibility**
  - Use a WOW mentality/structure: "What's up, Own Up, What's Next"
  - "I apologize for not respecting what you told me. I will remember now."
  - "Thank you for reminding me about your pronouns, and I apologize I got them wrong."
- **Remember "NAYB" & move on**
  - It's "Not About You, Buddy"
  - The best way to heal from the past, is to be better in the future!

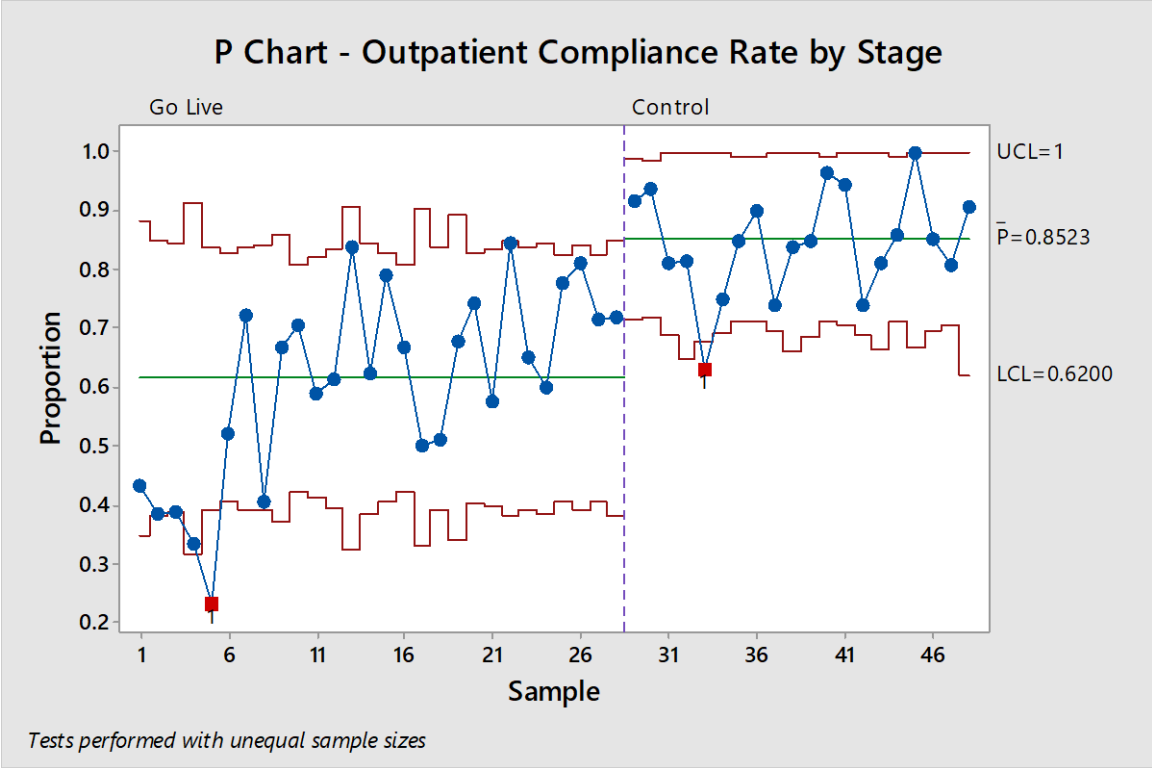
Results

Control Chart: Total Compliance Rate



Data continues to trend upwards – 85% for all encounters reviewed!

Control Chart: Outpatient Only



Data has steadily trended upwards.
2 days outside CL were from 1 practice: Education sent.

Lessons Learned

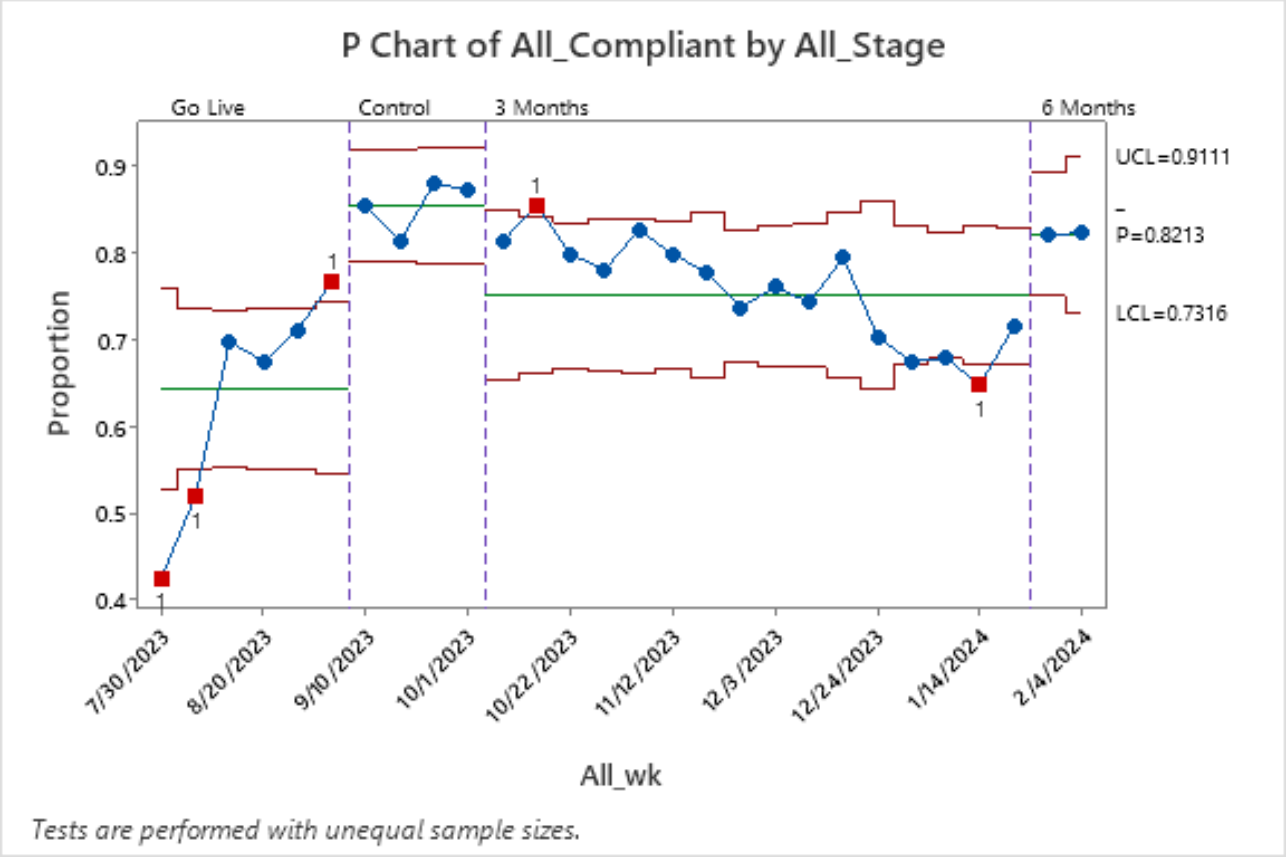
What Could Be Done Better:

1. Ability to make EPIC changes void of “org-wide” changes
2. Ability to measure subjective results (ie. Staff/patient experience) within a timely manner
3. More opportunity for input from patient/community
4. Authority to make larger service line decisions (ie. Branding)

What Worked Well

1. In person training – Method & content
    1. The “ask” on staff was appropriate and non-threatening
2. Dedicated team
3. Consistent, in person team mtgs
4. NAYB branding
5. Leadership involvement
6. Collaboration across multiple departments
7. Integrating existing practices / documentation methods
8. “Ambassadors” within the unit/practices raising awareness and driving the initiative

Where Are We Now?



Process compliance dropped after wrap-up due to significant staffing changes/attrition. The OE Control Plan was activated and Core team re-engaged managers at 3 Month meeting.
Improvement was immediate! Data for 6 months s/p wrap up is trending up!

Conclusion

- OE involvement from *all* managers would have been helpful
- This is not one-and-done training
- One person can impact the data
- Sustainability plan
  - Leadership team is highly committed to success
  - Class as standard part of new-hire orientation
  - Metric included in 2024 Service Line goals

References

Nong, P., Raj, M., Creary, M., Kardia, S. L. R., & Platt, J. E. (2020). Patient-Reported Experiences of Discrimination in the US Health Care System. *JAMA Network Open*, *3*(12), e2029650 doi:10.1001/jamanetworkopen.2020.29650

Patterson, C. J., Sepúlveda, M.-J., & White, J. (2020). *Understanding the well-being of LGBTQI+ populations* (C. J. Patterson, M.-J. Sepúlveda, & J. White (Eds.)). The National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK563325/

Tordoff, D. M., Wanta, J. W., Collin, A., Stepney, C., Inwards-Breland, D. J., & Ahrens, K. (2022). Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Network Open*, *5*(2), e220978. DOI: 10.1001/jamanetworkopen.2022.0978

Cornell University. (2023). What does the scholarly research say about the effects of discrimination on the health of LGBT people? https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-scholarly-research-say-about-the-effects-of-discrimination-on-the-health-of-lgbt-people/

Questions?

ADDITIONAL RESOURCES

A theme study of Lesbian, Gay, Bisexual, Transgender, and Queer History	https://www.nps.gov/subjects/lgbtqheritage/upload/lgbtqtheme-health.pdf	
Terms	https://www.lgbtqiahealtheducation.org/courses/sexual-and-gender-minority-terms-and-concepts/	
Glossary	https://www.lgbtqiahealtheducation.org/wp-content/uploads/2020/02/Glossary-2022.02.22-1.pdf	

ADDITIONAL RESOURCES

Fact sheet on family	https://www2.census.gov/cac/nac/meetings/2017-11/LGBTQ-families-factsheet.pdf	
Affirming Care	https://www.lgbtqiahealtheducation.org/courses/affirming-reproductive-health-care-for-lgbtqia-people/	
Building a family	https://www.lgbtqiahealtheducation.org/courses/building-your-family-lgbtq-reproductive-options/	
Pathways to parenthood	https://www.lgbtqiahealtheducation.org/publication/pathways-parenthood-lgbt-people/	

ADDITIONAL RESOURCES

Do Ask, Do Tell: Talking to your health care provider about being LGBT	https://www.lgbtqiahealtheducation.org/wp-content/uploads/2016/01/DADT-Brochure-Final-English.pdf	
Supportive Vs. Rejecting Parenting	https://fenwayhealth.org/wp-content/uploads/Supportive_vs_Rejecting_Parenting.pdf	
Affirmative Services for Transgender and Gender-Diverse People	https://www.lgbtqiahealtheducation.org/wp-content/uploads/2020/03/TFIE-40_Best-Practices-for-Frontline-Health-Care-Staff-Publication_web_final.pdf	

ADDITIONAL RESOURCES

Sexual Orientation and Gender Identity Questions	https://www.lgbtqiahealtheducation.org/wp-content/uploads/2020/08/SOGI-Patient-Handout.pdf	
Affirming Organizational and Human Resource Policies for an LGBTQIA+ Workforce	https://www.lgbtqiahealtheducation.org/wp-content/uploads/2022/05/TFIE-65_AffirmingOrganizationalAndHumanResourcePoliciesForAnLGBTQIAPlusWorkforcePublication_v3-FINAL.pdf	
Guide to Being an Ally to Transgender and Nonbinary Young People	https://www.thetrevorproject.org/wp-content/uploads/2022/11/Guide-to-Being-an-Ally-to-Transgender-and-Nonbinary-Young-People.pdf	

ADDITIONAL RESOURCES

Training to reduce LGBTQ-related bias among medical, nursing, and dental students and providers: a systematic review	https://link.springer.com/content/pdf/10.1186/s12909-019-1727-3.pdf?pdf=button%20sticky	
Discrimination in the United States: Experiences of lesbian, gay, bisexual, transgender, and queer Americans	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6864400/	
Discrimination Prevents LGBTQ People From Accessing Health Care	https://www.americanprogress.org/article/discrimination-prevents-lgbtq-people-accessing-health-care/	