

Transgender Workflows: Conquering the Cultural Bias

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Abstract

What we know....

- Bias which is the attitudes and stereotypes that affect our understanding, actions, and decisions in an unconscious manner in clinical decision-making, results in overuse or underuse problems that can directly lead to patient harm.^[1]
- These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. ^[1]
- It is recommended by organizations that support the LGBTQ (Lesbian, Gay, Bisexual, and Transgender) community to add or change intake and health history forms and questions to improve the patient-provider interview process, which ensures sensitivity to the transgender person.^[2]

Background

- An email was sent to our Chief Medical Informatics physician describing a situation where a legally female patient was called back to the exam room using their legal name even though they currently identified themselves with the opposite gender.
- This began the investigation of what the organization's electronic medical record (EMR) could do to improve patient care for sexual and gender minorities.
- Further investigation found that the patient population for gender minority patients in the area was far greater than originally thought.

Project Aim

- Improve the documentation of gender identity and sexuality in the electronic medical record by implementing new screening questions and mandating education for staff, including e-learning, scripting and in-class education for subject matter experts.
- Add additional build to the patient header and patient armbands to assist hospital and physician practice staff in using the preferred patient name and preferred pronouns of the patient.
- Empower nurses' focus on the whole person, using Jean Watson's Caritas Theory.^[3]

Project Timeline

- December 2016
 - Standard "out of the box" build completed
- January 2017
 - Presented to our multidisciplinary Diversity Committee along with education on build and resources from the transgender community
 - Recommendation to meet with the hospital's legal team and other subject matter experts
- Summer 2017
 - Legal team asked for an additional screening question to prevent profiling of patients
 - Built additional screening question along with updates to the patient header and patient armband
- December 2017
 - Presented workflows to various Information Systems governance groups
 - Pushback from clinical teams on screening everyone
- March 2018
 - Met with staff development team to work on training plan
- Summer 2018
 - Anticipated rollout of new workflow throughout hospital and physician practices

Figure 1: Screening question.

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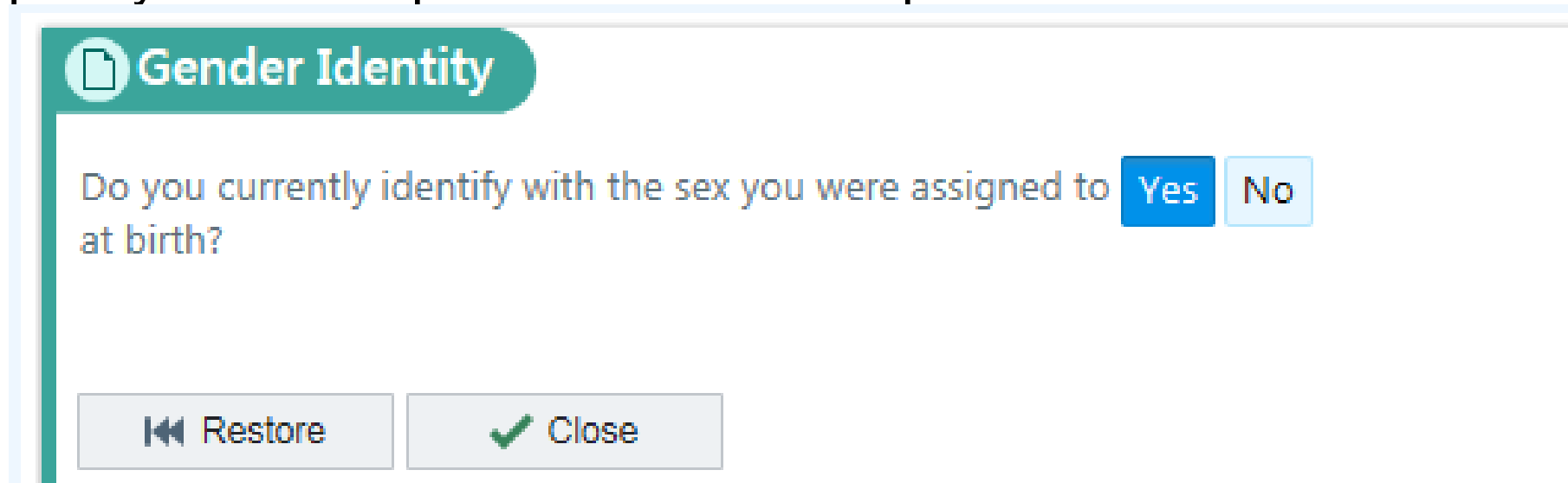


Figure 2: Patient header with preferred name and preferred pronouns.

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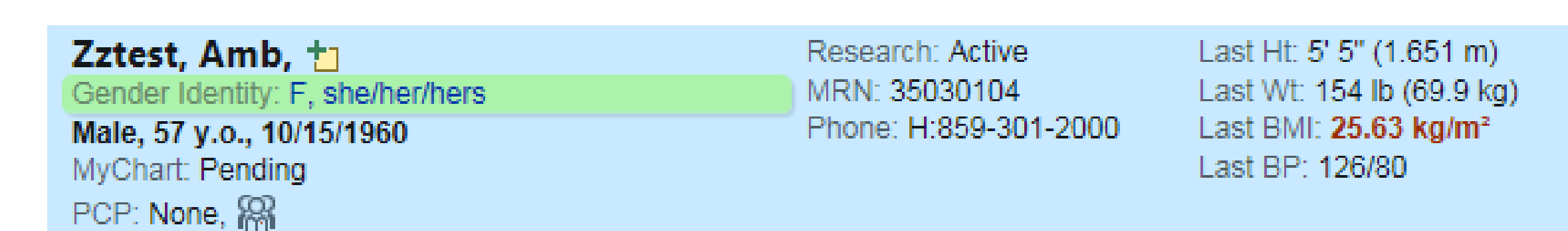
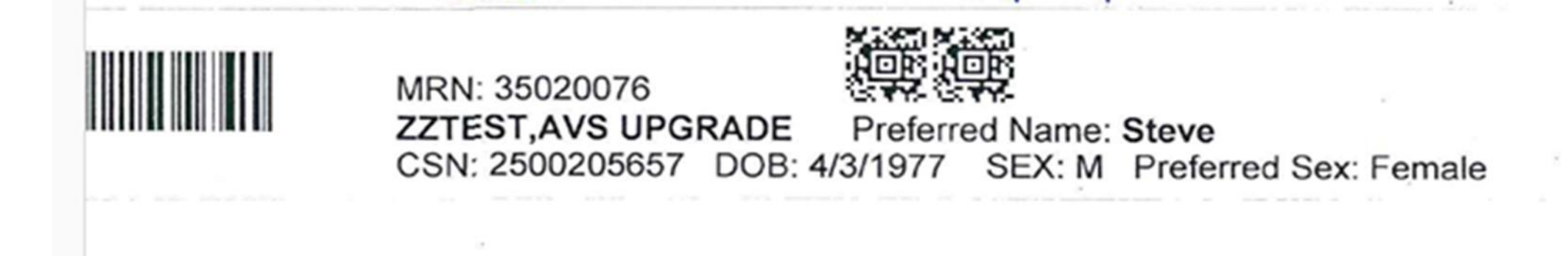


Figure 3: Armband for patients with preferred name and preferred pronouns.

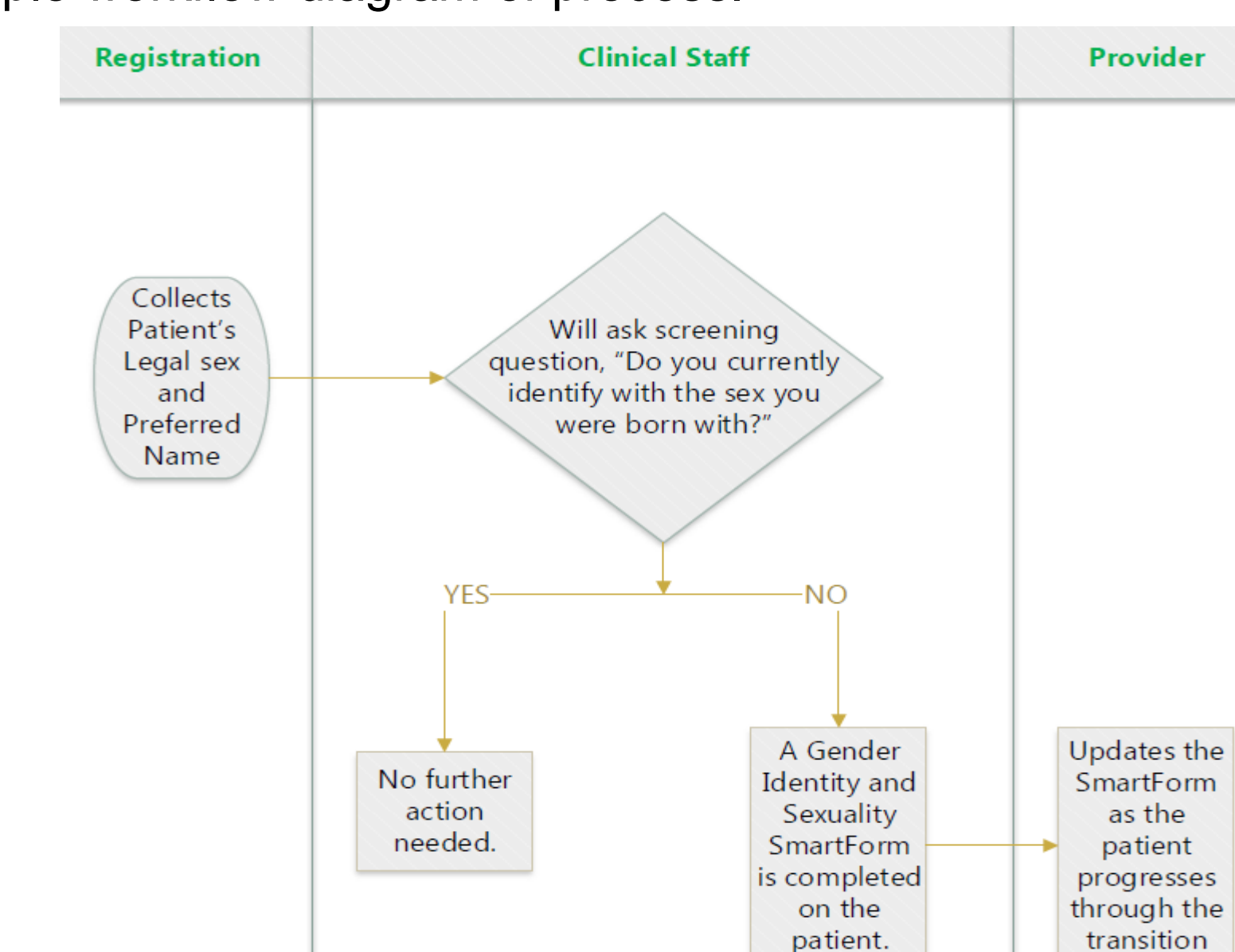
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Lessons Learned

- Build was simple and took very little time to complete.
- Legal and executive sign off was time consuming and was mostly owned by the information system department. We would recommend this being owned by the business.
- As the population grows there will be a continual need for ongoing education on the cultural aspect of care to decrease health disparities among the population.

Figure 4: Simple workflow diagram of process.



Future Development

- Assess the business' needs to assist with identifying any discrepancies between recommended best practices and the care that is actually provided.
 - Health Maintenance
 - Best Practice Advisories
 - Reporting and Population Health

References

- ^[1]The Joint Commission (2016). Implicit bias in health care [PDF file]. *Quick Safety*, 23, 1-4. Retrieved from https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_23_Apr_2016.pdf
- ^[2]The University of Michigan (2005). *Caring for Lesbian, Gay, Bisexual, and Transgender Patients* [PDF file]. Retrieved from <http://www.umich.edu/~bglam/Resource-Guide-PRINT.pdf>
- ^[3]Watson, J. (1999). Postmodern nursing and beyond. In N. L. Chaska (Ed.), *The nursing profession: nursing theories and nursing practice* (p343-354). Philadelphia: F.A. Davis