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.

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.

For more information, contact:
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